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ABSTRACT

To provide a new source of manpower for Pennsylvania mental health facilities, a pilot associate degree program for the training of middle-level mental health workers was instituted at the Community College of Philadelphia. Specific objectives were: (1) to test the program's feasibility, (2) to identify skills and attributes required of an effective mental health worker, (3) to evaluate and revise curriculum, (4) to evaluate program graduates, and (5) to provide career opportunities for low-income urban residents. A curriculum was designed which would also provide career opportunities for previously employed aides and assistants and permit graduates to continue beyond the associate degree level. Included were general education courses, behavioral science courses, specialized mental health courses, and a practicum in mental health work. Evaluation of the program indicates that the objectives were attained, and graduates were quite successful in further education and employment. (BH)

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TRAINING PREPROFESSIONAL MENTAL HEALTH WORKERS:

REPORT OF A PILOT PROJECT

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TRAINING PREPROFESSIONAL MENTAL HEALTH WORKERS: REPORT OF A PILOT PROJECT

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CHAPTER I

INTRODUCTION

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INTRODUCTION

The history of associate degree programs in mental health work must be approached from several different angles.[1] The antecedents of such programs can be found in a variety of movements which emerged in the 1960's primarily as a result of the identification of a manpower gap in the human service fields and as a consequence of a new way of defining intergenerational poverty.

Examination of the literature reveals a great diversity of social, educational, and economic movements which seem to have led to the creation of programs such as the one at Community College of Philadelphia. The philosophies underlying these programs in mental health work reflect the diversity of these various movements and one finds significant differences among them. However, the majority of the colleges and universities seem to operate on the following assumptions: 1) a manpower gap exists in the field of human services; 2) it is feasible to train people in human service careers in a relatively short period of time, as demonstrated by the allied medical fields during and after World War II; 3) it is necessary to accommodate large numbers of post-high school students in rather limited educational facilities; and 4) it is necessary to make educational programs relevant to today's societal needs, particularly in urban centers, where a basically underprivileged student population cannot spare years of academic activity unrelated to immediately marketable skills.

The factors which deserve special attention in reviewing the literature related to human service careers are many. It is necessary, however, to focus this review on those factors which seem to be most significant.

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[1]This Chapter is a revised and abridged version of the review of the literature which appeared in "A Descriptive Study of the Initial Class of Mental Health Work Students at the Community College of Philadelphia" (Brawley et al, 1970, pp. 5-94). All references are entered at the end of this report under the heading of References and Bibliography. The author's work will be identifiable by the date of publication which appears after the author's last name. The References and Bibliography are arranged by author's last name in alphabetical order.

Meeting Mental Health Manpower Needs

In 1959, George W. Albee presented to the Joint Commission on Mental Health and Mental Illness a monograph dealing with the shortages of personnel in the field of mental health. Albee's monograph, entitled Mental Health Manpower Trends, concerned itself basically with the supply and demand of psychiatrists, psychologists, psychiatric nurses, and social workers to staff the existing mental health facilities and with the problem and future implications of such shortages if projected needs continued to expand.

Albee's conclusions were rather pessimistic. He believed that sufficient personnel to take care of the mentally ill would never become available unless there was a substantial increase in the recruitment and training of people for mental health careers. Although Albee was concerned mainly with the highly trained professional, he did have some comments to make regarding other related professions but they are not directly relevant to our discussion.

He talked about the contribution of the practical nurse and the psychiatric attendant, but did not emphasize the possibilities for training these people as full members of the mental health team. He mentioned the fact that some hospitals had joined forces with junior colleges in order to provide ways in which the education and quality of service of the psychiatric aide could be improved but the programs to which Albee referred were more in the nature of on-the-job training; they were not basically educational programs for the training of middle-level professionals. Albee did not discuss this latter matter at all. He was deeply concerned about the development of mental health personnel, but he was referring basically to highly trained personnel. However, in voicing and making public the insurmountable personnel deficiencies in the field of mental health, he opened a new line of thinking in the country. This was perhaps his major contribution in relation to the development of new approaches to training. Albee made it clear that the manpower gap in the mental health field was not going to be filled by the traditional professionals. It became clear that, since it took approximately thirteen years to train a psychiatrist, six or seven to train a social worker, and at least seven to train a psychologist, new ways would have to be devised to train people to perform competently in the existing mental health facilities. Without necessarily focusing on the training of the middle level professional, Albee opened the door to innovation with his thorough analysis of mental health manpower shortages.

In 1961, the Joint Commission on Mental Illness and Health (1961) presented its final report to the Senate and House of Representatives of the United States assembled in Congress. The Joint Commission had as its task the examination of the needs of the mentally ill in the United States. After an intensive study, the Commission reported that progress depended on the solution of three problems: 1) manpower; 2) facilities; and 3) costs.

The following is a quotation from the Commission's statements of

policy on "Manpower, Its Training and Utilization":

> In the absence of more specific and definite scientific evidence of the causes of mental illness, psychiatry and the allied mental health professions should adopt and practice a broad, liberal philosophy of what constitutes and who can do treatment within the framework of their hospitals, clinics, or other professional service agencies, particularly in relation to persons with psychoses or sever personality or character disorders that incapacitate them from work, family life, and everyday activity (Joint Commission, Summary of Recommendations, Letter of Transmittal, ix-x).

Although the Commission recognized that certain forms of therapeutic activities which were specialized and/or involved the use of drugs or other organic approaches should certainly be performed only by persons who had had the required medical training, the Joint Commission came across strongly with the recommendation that non-medical mental health workers with aptitude and sound training should be permitted to do general shortterm psychotherapy.

In its recommendations for recruitment, the Joint Commission advised of the need to launch a national campaign to attract people to the mental health professions. Going much further than Albee, the Joint Commission talked about attracting people to all levels of mental health careers. The Commission emphasized the need to interest American youth in mental health careers. It not only put its seal of approval upon, but also made a call for recognition of, training at all levels to fill the manpower need.

The Joint Commission's report represented a thorough investigation and evaluation of trends of dealing with the mentally ill as they had developed by the 1960's. In the chapter entitled "The Second Question: How Can We Catch Up?", the Commission mentioned the three basic existing trends in psychotherapy. The first trend, inspired by medicine, concentrates on organ dysfunction or malfunction and has resulted in various types of organic approaches, such as drug, shock, or surgical treatment. The second trend, inspired by psychological and psychoanalytic theory, has resulted in the refinement and intesification of individual psychotherapy, on a one-to-one basis, in which the relationship between doctor and patient has been emphasized. The third trend has combined sociology, psychology, and psychiatric knowledge and has emphasized interaction, the therapeutic milieu and social determinents of mental health and mental illness. Although the Joint Commission recognized that the second trend gains great strength from the doctor-patient relationship, it emphasized that the first (somatic) and third (social) trends have the advantage of better adaptation to mass applicability.

The Joint Commission did not hesitate to point out that the vested

interests of certain professions not to allow anyone else with less status into the mental health team had been detrimental to patients. The Joint Commission asserted that exclusion of a possible helper was not only unrealistic but also detrimental to possible national trends towards better patient service. The Joint Commission denounced the medical tendency which had allowed para-medical personnel to do many tasks only so long as they were under the direct supervision of a physician. The Joint Commission recognized some of the validity of caution, but emphasized that not all that had taken place in resisting new manpower in mental health had been well-founded caution.

> Since the broadest meaning of psychotherapy is that of forming a doctor-patient, or counselor-client, relationship with an emotionally troubled person, and through verbal and non-verbal communication, seeking to ascertain his problem, work it through and resolve it, a narrow enforcement of a psychiatric conviction 'that nobody should do psychotherapy except psychiatrists' would effectively deny its benefits to patients now receiving it from non-medical therapists with or without the supervision of psychiatrists. Such enforcement would also raise questions regarding the psychoterapeutic nature of other interactions of patient and therapist carried out in the name of 'group therapy', 'drama therapy', and so on (Joint Commission, 1961, p. 246).

This last statement show the basically challenging position which the Commission took regarding the traditional psychiatric model. The Commission was primarily concerned with finding ways in which the majority of the mentally ill could be helped. They emphasized the fact that some approaches may be scientific and some others may not have the backing of much theoretical groundwork. They felt, however, that doing "what works" was just as valid, provided it caused no harm to the patient..

Certainly, not all professional therapists welcomed the recommendations of the Joint Commission but most public mental health agencies tended to find it realistic, since they were the ones who were constantly receiving the full impact of the patient-care problem with minimal personnel resources. The Recommendations of the Joint Commission opened a new psychotherapeutic era. This era of reform of old and ultra-conservative approaches which could no longer be realistically maintained had a great impact on the development of new manpower for mental health. New resources began to be taped. New approaches to training which would have been unheard of a decade before began to flourish.

Human Service Careers

In order to provide a fairly complete picture of the development of programs for the training of new kins of mental health manpower it is necessary to view their development within the context of careers in the human services generally which began to be discussed in the early 1960's.

One could go back further to seek the roots of such programs, but it was in the early 1960's that the term "human services" began to be used to communicate the ideas to which it is now applied.

During the last decade, the need to provide sources of employment for the worker who was rapidly being displaced by automation and for the unemployed poor was under close scrutiny.

> Automation must be recognized for what it is, a permanent fixture in American life which will enable private industry to produce efficiently, increase the gross national product, and . . . eliminate jobs. John I. Snyder, President and Chairman of the U.S. Industries, Inc., estimates that two million jobs are eradicated each year by automation (Pearl and Riessman, 1965, p. 8).

The need to fill a manpower gap in the area where services were required also began to be closely examined. Manpower studies began to focus on the creation of new careers which would no longer rely on industry or public works projects as a source of employment, but on the helping of people as the field with the greatest potential for absorbing growing numbers of workers.

Arthur Pearl (1965) discussed this issue in an article entitled *"New Careers--An Overview"*, which was presented as an address at Howard University in 1964. This article makes frequent reference to human services as a source of employment for the poor. It points out that the unmet needs of our society can be divided into human services, that is, the helping of people, and public works, that is, the construction of things. It was Pearl's opinion that, although public works projects can provide jobs for many people, the nature of these jobs is transient. He points out the fact that automation is already taking a heavy toll in the construction industry. Certainly, this view is not unique to Pearl; other authors share Pearl's opinion.

Pearl focuses on the fact that the human services are most likely to resist automation. Human service careers are applicable to many fields. Health, education and welfare are certainly the core areas for human service occupations, and they all claim to need more personnel. Projections indicate that the population growth will determine a greater demand for people in the human service fields. Also, the need to improve the quality of the health, education and welfare services will make a significant difference. Many more people will be needed to provide effectively those services which at the moment are not being provided, or are at best, given in a haphazard fashion.

As Donald Feldstein (1968) of the Council on Social Work Education has stated:

> Already more than one half of the American work force is employed in service occupations rather than

> in manufacture and farming. The greatest increase in demands for workers in coming years will be in service industries, and the human service occupations are the ones least likely to be automated out of existence in the near future. Therefore, if more jobs are a major anti-poverty tool, the service fields must become for the minorities and the disadvantaged of our day what the railroads were to the Irish or the needletrades were to the Jews in the past (Feldstein, 1968, p.2).

The New Careers Movement

The Economic Opportunity Act of 1964 instituted "New Careers" in an effort to engage the unemployed poor in meaningful employment, most of which were human service jobs. Although New Careers and college-based programs for the training of middle-level professionals are often misunderstood to be the same, or simply the latter a slight variation of the former, it is clear that, while the New Careers goal is primarily economic, the college goal is basically and understandably educational:

> The New Careers project was an experimental effort primarily based on opportunity theory. It involved the development and implementation of a system of occupational opportunity for some hundred and fifty underpriviledged youths and adults, virtually all of whom were Negro. The system consisted of a two-pronged effort: 1) the development of a series of nonprofessional or aide jobs in the health, education, and welfare complex in Washington and 2) the selection, training, and placement of enrollees in the jobs (Denham and Shatz, 1969, p. 1).

The New Careers philosophy reflects a basic concern with the poor and the problems of unemployment. The college-based programs for the training of new professionals appear to be more concerned with the production of new kinds of skilled manpower for the human service areas. This does not deny, however, that later developments in both New Careers and college-based programs tended to bring them closer together in their goals.

The assumptions of the two programs are different. New Careers programs incorporate the poorly educated and disadvantaged--people can enter with minimal academic achievement. They provide immediate employment for people and develop skills in specific tasks. This does not exclude the fact that remedial education in reading and writing may be provided. The college-based programs for the training of middle-level professionals are oriented to those people who have already earned a high school diploma or its equivalent. They intend to educate <u>new professionals</u> whose tasks may be specific or generic but who will be able to make judgements and decisions within their competence, rather than just perform narrowly prescribed tasks.

A quotation from New Careers for the Poor by Pearl and Riessman (1965) will clearly illustrate the goals of the New Careers program:

> The complex of goals of the new careers proposal includes the following:
> 1. A sufficient number of jobs for all persons without work.
> 2. The jobs to be so defined and distributed that placements exist for the unskilled and uneducated.
> 3. The jobs to be permanent and provide opportunity for life-long careers.
> 4. An opportunity for the motivated and talented poor to advance from low-skill entry jobs to any station available to the more favored members of society.
> 5. The work to contribute to the well-being of society. (Pearl and Riessman, 1965, p. 2).

An analysis of these goals will reveal that although some of the general ones would concur with the goals set forth by the college-based programs, they are not, by far, the same. Goal number one, as stated above, deals primarily with an economic issue--the placement of the unemployed. Goal number two deals with specific requirements that the employment positions would have to meet. The idea of the New Careers Program is the utilization of the poor in jobs which they can perform without training, at least at the entry level. After this, on-the-job training is stressed, although formal education is not excluded.

> Training cannot be considered a pre-requisite for employment. While this is often understood for some functions, it is not yet appreciated as a general proposition. There can be no end to poverty unless it is fully appreciated that, for the most part, training for the poor must take place after employment is secured (Pearl and Riessman, 1965, pp. 3-4).

The supporters of the New Careers Program stress adult education for the attainment of high school equivalency for those persons who, after they have obtained employment, want to upgrade their educational status. This is carried further to support efforts of the participants to take college courses. However, the primary interest is the immediate utilization of the poor in human service jobs where manpower is needed.

Beryce MacLennan (1965) in an article entitled "Training for New Careers" says:

> . . . if New Careers are to be meaningful channels for employment, educational advancement has to be created. The non-professional aide must easily be able to become the sub-professional technical assistant and to move from there into full professional status,

> if he has capabilities and desire (MacLennan, 1965, p. 110).

It is interesting to note that MacLennan (1965) and Neibuhr (1965) were among the few who specifically stated the need for educational advancement at a formal level. They both represent, with their views, the later development of the goals of the New Careers Program. These later developments stress the importance of remedial adult education for obtaining high school equivalency. The New Careers Programs' administrators and careerists came to this conclusion when examination of most Civil Service and professional certification requirements showed that a high school diploma was mandatory for anyone wishing to enter a human service career. Once the new careerist had obtained his high school diploma or equivalency, he was ready to move into the next most logical step of the career ladder, that is, the community college program in human service.

It is in this aspect of involvement in remedial courses where the community colleges have been involved with New Careers to varying degrees according to their own philosophies and according to the way in which they have felt they should allocate their time and efforts. Some community colleges have provided these remedial courses for the new careerists. Others have only been open to the new careerists after he has completed his high school equivalency elsewhere.

The more advanced analysts of the New Careers Programs hope for eventual integration of their careerists in the overall ladder of the human service professions. Steinberg and Shatz (1968) summarize this issue in the following paragraph:

> In the analysis of the best utilization of professional and human service aide personnel, the critical components of educational level, knowledge, skill, and capacity for individual action should be reviewed as a beginning basis for restructuring services and job function. We should be more concerned with 'mindpower' than 'manpower' utilization. 'Mindpower' stresses the use of the professional and human service aide for those functions for which he is qualified. It makes little sense to have physicians continue to do things which do not require their skill and capacity for individual action. The same is true for each level of human service agency personnel (Steinberg and Shatz, 1968, p. 14).

It would appear that some of our original statements regarding the different goals of the New Careers Program and the Community College curricula in human services have been somehow contradicted or, at best, modified by our later statements. This is in fact what has happened. Goals of the New Careers Program have changed in emphasis as they developed through the years. In an article concerned with policy formulation, Harry Specht (1968) used the New Careers Program as a case illustration of policy and goal modification. He stated that New Careers goals moved from:

> . . . 1) the viability of using the poor to serve the poor in selected, specialized community roles, to 2) using the poor to assume some responsibility carried by professionals in all aspects of service, to 3) utilizing the re-examination of the staffing patterns in social services as a mechanism for broadening community participation in designing and implementing programs (Specht, 1968, p. 49).

College-Based Programs for Middle-Level Professionals

To anyone acquainted with the human services, statistics on the critical nature of the shortage of manpower in the human service fields had become rather familiar by 1965. By that time, Department of Health, Education, and Welfare (1965) had published Closing the Gap in Social Work Manpower which clearly pointed out the needs in the human service fields.

More specifically, in the area of mental health manpower, various events took place which pointed out the need for programs to train people to deliver mental health services at all levels. We have already discussed Albee's work, the Report of the Joint Commission on Mental Illness and Health and the possibilities which the New Careers Programs provided for handling the manpower shortage. Some of the educators involved in the New Careers Program had envisioned, in 1964, the need for the colleges and universities to become involved in the training of new professionals. In an article entitled "Modifying University Training", Herman Neibuhr articulated the need for universities to take over many of the training programs which were specially created by Federal projects.

> When organizations like Mobilization for Youth and some of the other new community developed programs are terminated and the programs they have initiated move into regular bureaucratic channels, who will be responsible for training? Clearly, the universities and colleges must be deeply involved in this effort, though some may need prodding and pressure to take on this responsibility (Neibuhr, 1965, p. 127).

Neibuhr discussed the traditional gap between awareness of need and implementation of programs to satisfy these needs. He stated that, in spite of the fact that educators and administrators had become very knowledgeable and aware of the need for new professions, and subprofessions and reorganization of the existing professions, up to the time of his writing, the universities had given little attention to these issues in terms of action.

In the same paper, Neibuhr talked about the traditional campus prejudice against vocationally-oriented undergraduate programs. He felt that, if the university was going to respond to social needs, it had to develop new human service programs at the undergraduate level. In Neibuhr's thinking, the university had to become a manpower development center:

> In light of the expected increase of personnel in the human services fields, it is my feeling that we should stop kidding ourselves about the adequacy of the graduate programs. Graduate programs should be related more to training the trainers, those who will be the consultants in agency practice. We need to develop the kind of undergraduate sequence which will produce people for the human service occupations. My own belief at the moment is that we ought to think about human service generalists of some kind. . . . (Neibuhr, 1965, p. 134).

By this time, a number of innovative programs for training mental health manpower had been developed and they should be mentioned as antecedents of the present college-based training programs for new-professionals in the field of mental health.

> In 1960 an experiment was begun at the National Institute of Mental Health to test the hypothesis that carefully selected, mature people can be trained within two years to do psychotherapy with certain limitations. The subjects of this experiment were eight married women, with children, around the age of forty--who had all completed college (Rioch, Elks and Flint, 1965, p. 2).

Although this experiment directed its efforts towards a form of post-graduate training, it was an innovative one. The Rioch project, as it is called, is often quoted in the literature related to the historical or developmental process of the now existing mental health work programs in community colleges. The Rioch experiment produced an impact because it was daring. It thought to utilize generally untapped manpower (the older housewife) in what could have proven to be a dangerous way. The new trainees or graduates could have proven to be a threat to the medical tradition, as well as damaging to patients. But it appears that they were able to earn acceptance in the psychiatric milieu, and they proved to be most helpful to patients.

Other references are mentioned by John E. True (1966) of Purdue University in a paper entitled "The University Based Program: An Alternate Concept to Training Mental Health Workers." His references are specifically applicable to the development of training programs for mental health workers.

True discussed the common misconception that only the highly trained professional could provide meaningful therapeutic and educational experiences. He cites a number of programs which opened the eyes of many professionals to the invalidity of their former conception. As well as the Rioch project, mentioned above, True cited the program in which Richard Sanders at the Philadelphia State Hospital successfully trained four-year college graduates to become socio-environmental

therapists. These trainees became the primary agents in bringing about effective milieu therapy in a large mental hospital. Even more relevant examples to the issue of pre-professional training are provided by True's citation of a two-year program developed at a Veterans Administration Hospital in Montana to train pre-professional counselors to work with alcoholics; the State of Illinois's programs to train re-entry expeditors, that is, workers who will provide transition services to patients re-entering the community from mental hospitals; and Ellsworth's program which demonstrated the effectiveness of truly giving the psychiatric aide primary responsibility in treatment decisions.

> These pilot programs have given us an exciting glimpse of what can take place when imaginative and creative approaches are well thought out and have the support of relevant professionals. They point to a promising strategy. . . the strategy of utilizing 'middle-level manpower'. . . persons with less than graduate school degrees who could be effective in implementing new programs and who could, by taking over certain job functions which require less training, help free up professionals for the performance of higher level functions such as planning and directing programs, providing consultation, and implementing needed educational programs (True, May 1966, mimeo).

True was the Director of Purdue University's Program for Mental Health Workers which was founded in 1965. The Purdue Program is regarded as the grandfather of all two-year Mental Health Programs, since it was the first one developed, and probably the one which set forth the educational philosophy and training objectives of many of the other programs now existing in community colleges.

The Community Colleges

Let us briefly discuss the community college as an educational institution. Much confusion exists as to its essence and role, and unless one is able to understand, at least superficially, what this institution represents, it would be difficult to talk about the community college role in awarding associate degrees in mental health work.

> Community colleges are developing rapidly as a vital part of the American education program. They are growing in numbers, particularly in the South and they have demonstrated repeatedly their awareness of the need to offer a variety of training programs. The community college gives emphasis to the educational needs of the community it serves, attempts to provide the educational opportunities needed in the communities,

> offers a variety of training programs which may meet the community's needs for skilled and informed persons and responds readily to the demonstrable demands for specialized types of training (Southern Regional Education Board, April, 1966, p. 1, section 1).

Much confusion has arisen from the use of the terms community and junior colleges. Since in our future discussions of curricula and future listings of those colleges which offer associate degree programs in mental health work, we will be confronting both terms, let us attempt to clarify their meaning. Norman C. Harris states in an address entitled, "The Community College and Semi-Professional Education":

> The term 'community college' has become popular in the Middle West and the East to describe publicly controlled institutions of the comprehensive type, thus attempting to make a distinction between those institutions and the private or single purpose 'junior college'. In the West and South, however, the term junior college is preferred to describe all such colleges and many of them are fully as comprehensive in concept and practice as any so-called 'community college'. In California, many colleges have dropped the name 'junior' and may go by such names as Pasadena City College, Bakersfield College or Mount San Antonio College. I shall use the terms 'community' and 'junior' interchangeably, with comprehensiveness of program implied throughout my remarks (Harris, April, 1966, p. 27).

We will be taking Harris's position when it comes to discussing those settings which offer associate degree programs in mental health work.

In the same address Harris considers the reasons for which community colleges seem to have flourished in the past ten or fifteen years. He suggests three areas of explanation: 1) the technological revolution, in which automation combined with mechanization has required new kinds of skills from workers at all levels in all fields; 2) the population explosion, whose impact has begun to be felt by educational institutions and the labor market; 3) the kinds and levels of education which can best prepare the youth of today for the jobs of tomorrow.

> A brief analysis of the first two factors will serve as a suitable backdrop against which the third factor can be viewed in some detail. First, let us agree that education does not create jobs, and that certainly it is not the sole answer to full employment. It is, however, such an important factor that major emphasis will be given to it. . . .

> Also, let it be understood that job training per se is not the primary concern of community colleges. Community college occupational education programs go far beyond mere job training (Harris, April, 1966, p. 30).

This last statement of Harris deserves special consdieration in relation to what has previously been stated about equating New Careers with college-based or community-college-based programs for new professions. Harris's statement seems to be an accurate summary of the differences of goal emphasis between these two types of training.

Perhaps Harris's thoughts should be emphasized by another quota - tion which expresses basically the same principles. In discussing the several approaches to technical education, Donald Feldstein of the Council on Social Work Education states:

> This report is concerned with technical education for social welfare--that education offered below the baccalaureate level, primarily by community colleges. We do not include in our definition in-service training calculated to aid or improve job performance at a given level. We are concerned only with education to qualify people for employment or for advancement to another level of employment (Feldstein, 1968, p. 4).

The Community College in Mental Health Training

In 1964, the interests of the National Institute of Mental Health (NIMH) and the Southern Regional Education Board (SREB) in providing ways of increasing the manpower supply of mental health workers were joined around a proposal to explore the role of the community college in mental health work training. Both organizations felt that the close connection of the community college with the community had its counterpart in the mental health movement. The National Institute of Mental Health and the Southern Regional Education Board were fully aware of the fact that professional manpower had become insufficient to meet the demands for workers in the mental health agencies. The need for middle-level mental health workers was crucial, and yet, the community college was still untapped as a promising additional resource for training such workers.

> NIMH made a one-year grant to SREB to study the role of the community college in mental health training. The principal emphasis of the project was a conference to bring together representatives from the community colleges and the mental health agencies. The confernce would provide an opportunity to define the need in more specific terms, consider some of the elements of training, and explore possible directions of training mental health workers (Southern Regional Education Board, April, 1966, p. 1).

It was in this way that the community college became the focus of consideration as the most important training agent for the middle-level mental health worker. Its capabilities as an educational resource were discussed by the members of the Southern Regional Education Board Conference. Its relationship to the specific communities and its present momentum were also important considerations.

The Report of the Southern Regional Education Board is one of the leading documents in the field of community college education in mental health work. Its content deserves special attention. The Southern Regional Education Board Report is a compilation of addresses and papers presented to the SREB Conference in Atlanta, Georgia, in April, 1966. Some of these addresses deal with issues which are still controversial in the field of community college training of mental health workers. Let us now look at some of the problems presented before the conference.

Norman C. Harris (1966) spoke about the trends that can be observed in many states regarding the addition of pre-professional courses in community colleges. Those junior colleges which were mainly transfer-oriented institutions are beginning to add occupational curricula. Those colleges which used to be mainly vocational and technically oriented are adding liberal arts and pre-professional courses. The general trend is for the community or junior colleges to become more comprehensive. The single purpose junior college is fast disappearing.

Harris considered another point which is particularly relevant from the point of view of our study. The open-door policy, which describes the admission policy of most community colleges, applied, in his evaluation, to admission to the college and not to admission to any course or curriculum which the student might desire. Harris believed that the entire structure of a comprehensive community college rested on a foundation of guidance and counseling. Considering the enormous variety of students who seek to benefit from the open-door policy, Harris saw as the fundamental and essential role of guidance and counseling the matching of the student's abilities and aspirations with the rigor of the different courses. Harris saw it as essential for all community colleges to have a quality program of testing and guidance to help students make sound curriculum choices.

In terms of the health education technologies, as Harris called them, he advised that special care must be taken in the selection of students and in the recruitment procedures. Those charged with this responsibility must realize the rigor of these programs. Harris set forth a number of points which he felt had to be met by those entering these two-year technology programs. It is safe to assume that he was extending these criteria to the mental health work curriculum.

1. Ranking in the upper half of the high school graduating class.

2. Demonstrated interest and at least fair ability in the sciences, particulary in the life sciences.

3. Performance at or above the 40th percentile on such standardized tests as the SAT battery of the SCAT test, based on national college freshmen norms.

4. Dependability and a sense of responsibility of the highest order.

These criteria were very much criticized by themembers of the conference. They felt that Harris was over-emphasizing academic performance. The experience of the Purdue Program in which the best source of students was women with the equivalent of a high school diploma, but not necessarily recently graduated, was cited. An interesting example of the debate which followed Harris's presentation of the above-mentioned point is the following quote taken from the summary of conference procedures:

> Issue was taken with Dr. Harris' first point. As one psychiatrist put it 'the whole purpose is to tap the entire manpower pool.' The upper half of a class would probably go on a master's, Ph,D., or M.D. level of training. The lower half of the class is what we need to consider. We need to seek the married woman, the domestic worker, the unskilled, the dropouts. . . . We need to look for human beings with certain sensitivity and ability to work with people (Southern Regional Education Board, April, 1966, p. 7).

The consensus of the conference seemed to be that community colleges should be less rigorous about academic ability and tests scores. They did consider such characteristics as ability to work with people and interest in others, as important indices for recruitment and selection procedures.

Another important aspect discussed by Harris in his address was the idea of a core curriculum. He suggested that a basic core of general education courses should be required of all students. He stressed that community college educational programs are not on-the-job training programs, and that therefore, a combination of a general academic core with a specialized sub-core of courses in the chosen occupational field would make for the most successful combination. He emphasized the fact that a general academic core curriculum would allow a student to transfer from one occupational career to a similar or not so similar one with minimum loss. This, of course, would also apply for for those students who might want to continue their education beyond the two year level. A word of caution is needed here in regard to the use of the word core. Although some authors use it, as Harris did, to refer to the basic genral academic subjects, other authors use it to refer to what Harris called the specialized

sub-core, that is, those technical courses relevant to a particular career. This inconsistency must be born in mind when reading about curricula.

This point of Harris's received much more acceptance by the members of the conference. In fact, an analysis of the curricula of those community colleges now offering mental health work programs will show that most of them require the student to take basic academic courses so that he may have a solid academic foundation for his career, and to facilitate the issue of transferability.

James L. Miller (1966), Associate Director of Research of the Southern Regional Education Board, spoke on "The Issues Before the Conference". His address was specifically concerned with mental health work as an occupational or career program in the community college.

Miller brought before the Conference the issue of whether the community college should aim at training to satisfy the need of local potential employers or whether the training should aim at having some sort of national basis which would be recognized by more than one employer. Miller made his position clear. He believed in training for an occupational or para-professional field which would be nationally recognized. Apparently, the thinking of the conference was also thus oriented. In his own words, the community colleges must decide upon the following issue:

> . . . should the line of attack be aimed at meeting the specific needs of potential employers of two-year graduates as they are individually defined in each community, or should there be some attempt to develop a state-wide or nationally acceptable pattern leading towards the emergence of new occupational identity which would become generally recognized and permit fairly free movement of graduates from community to community and from state to state (Miller, April, 1966, p. 52).

Miller and the conference's thinking leaned toward a more generic approach to training.

> . . . the development of new occupational fields which would be recognized by more than a single employer also would involve collaboration between mental health people and community college people, but the collaboration would extend beyond just the community and could include state agency people, state professional associations, and sooner or later national agencies and professional organization as well (Miller, April, 1966, p. 62).

Another question which Miller presented to the conference was the issue of whether the training should be aimed at preparing sub-professional specialists for entry into specific fields such as vocational

counseling, work with the aged, etc., or generalists, that is, persons who had been given a basic theoretical curriculum relevant to mental health upon which the employing agency would build through post-employment in-service training.

The Conference seemed to prefer the training of a generalist worker. However, as Miller pointed out, it was quite possible that eventually a combination of both orientations might be the answer.

However, a review of existing programs leads to the conclusion that most colleges seem to have structured their curricula with the intention of training a generalist worker.

Hadley, True and Kepes (1968) write about the Purdue program:

> The Purdue Program attempts to prepare a new type of worker. It does not intend to prepare a psychological technician, a social work assistant, or any other kind of assistant to a traditional professional discipline. Rather, the Purdue Program is dedicated to the education of a generalist who can serve as a member of a team and who might carry out the objectives of the team as effectively, if not more effectively, than can the professional workers. At the same time, it is not intended that the mental health worker will take the place of the professional (Hadley, True and Kepes, 1968, p. 2).

Even as late as 1968, however, Hadley, True and Kepes were discussing one of the main problems of training a generalist, and that is the issue of job classifications. The establishment of job classifications for the mental health generalist encounters, according to these authors, many road blocks, since the new worker threatens the traditional professional establishment. Hadley, True and Kepes mentioned the fact that it is much simpler to establish job classifications for assistants who will do specific tasks than it is to establish job classifications for generalists.

The Southern Regional Education Board Conference in 1966 discussed the problem of degree labeling which still remains without a single answer. Some colleges have established Associate Degree Programs for Mental Health Technicians; some for Mental Health Aides or Assistants; others, such as the Community College of Philadelphia call their graduates Mental Health Workers. The general philosophy of having a liberal arts core curriculum would justify the name <u>worker</u> much better than it would justify the label <u>technician</u>. Yet, the problem sometimes lies outside the scope of the Mental Health Program administrators. Again, it is interesting to notice what occurred at Purdue University.

> The Purdue Program presents a serious anachronism. It proposed to educate generalist mental health workers;

> yet, the only school in the University that offers Associate Degrees is the School of Technology. Although the concept of the technician is completely antithetic to the philosophy of the Purdue Program, all attempts to have the degree label changed have so far failed (Hadley, True and Kepes, 1968, p. 3).

Some of the community colleges which established associate degrees in Mental Health Work are in a better position to designate their graduates than Purdue is, since they do not have to subordinate their denominations to the mandates of a larger university. Yet, possibly because of the precedent set by Purdue, as well as because of greater comfort among the established progessional disciplines, even the relatively independent community colleges are calling their graduates technicians, in spite of their liberal arts requirements and their emphasis on the training of a generalist.

There will be a great need for studies to be done of these various programs and the results which they achieve. For a new type of mental health worker to develop from all of these many training endeavors, it may mean that eventually a great deal of coordination, standardization or accreditation will probably take place. When this time comes it is to be hoped that the innovative spirit in which these various training programs have been developed will not be stultified or lost.

CHAPTER II

PROGRAM PLANNING AND IMPLEMENTATION

Program Planning

Community College of Philadelphia is a State and City supported two-year college which began operations in September 1965. In the six years since it opened, enrollment has grown to about 6000 students--the capacity of its present facilities. An additional facility which will accommodate approximately 3000 students has been secured and will be ready for occupancy in 1972. Long-term plans call for a multi-campus operation with an enrollment of between 15,000 and 20,000 students.

The College offers university-parallel programs in such areas as liberal arts, education and engineering which provide the first two years of college for students planning to complete baccalaureate studies at four-year institutions. It also offers a wide range of career-oriented curricula which prepare graduates for employment at the paraprofessional or preprofessional level in some 25 specializations, including Accounting, Business Administration, Secretarial Science, Library Technology, Journalism, Inhalation Therapy, Nursing, Architectural Technology, Electronics, Engineering, Computer Science, Law Enforcement, Social Service and Urban Affairs. As well as preparing students for employment immediately upon graduation, these curricula provide a sound academic foundation for those students wishing to continue their education beyond the associate degree level.

In accordance with its mandate as a community college, the College attempts to be responsive to the needs of the Philadelphia community. It seeks to provide an educational experience of high academic quality and relevance to City residents. It also seeks to identify those areas of the employment market, whether public or private, where there is a high actual or potential demand for qualified personnel. Each of its career programs is introduced in response to a demonstrated need for trained persons.

The College serves a wholly urban population and, therefore, enrolls a large proportion of low-income, minority group students.

In the early 1960's a number of studies stressed the urgent and growing national need for trained personnel in the fields of education and health care and in the welfare services (Albee, 1959, Cohen, 1965, David, 1965, HEW 1965). In order to determine to what degree these national trends were reflected locally, Community College of Philadelphia undertook, in 1967, a survey of the local need for personnel in a variety of human service occupations, including education, recreation, urban development, protective services and social welfare. This study (Fisk and Jobson, 1967) revealed that the manpower trends which were being documented at a national level were quite evident in the Philadelphia area. The needs were so pressing in some areas that the College was impelled to implement short-term certificate programs for certain City departments immediately; for example, a human relations training program for employees of the City Department of Licenses and Inspections. Although the study focused on the vacancies existing in established job categories in local public and quasi-public agencies, its findings and recommendations encouraged

the College to explore the possibilities of implementing programs which would produce completely new kinds of human service personnel. It was apparent that there was an immediate need for several types of paraprofessional manpower for whom job classifications did not yet exist, most notably in urban government, social service, law enforcement, and mental health.

In the middle of 1967 a number of community mental health centers had opened in Philadelphia and they were looking for ways of manning their rapidly developing services. Most had recruited indigenous nonprofessional mental health aides and they were providing on-the-job training of various kinds (Felzer et al, 1968). However, it was recognized that on-the-job training, while indispensable, could go only so far and that a college-based training program, operating in close collaboration with mental health agencies, might better serve the needs of mental health agencies, their personnel, and the recipients of their services.

This was the position taken by the Technical Personnel Committee of Pennsylvania Mental Health Incorporated (Pennsylvania's mental health association) in a report which was published in December 1967:

> Many mental health facilities and community mental health agencies are currently involved in a wide variety of training programs. Out of this experience, as well as a review of current literature in the field, there is developing a strong conviction that Pennsylvania should have some type of 'career ladder' arrangement so that employees in the health field--and particularly in mental health--can advance from one type of experience, through promotion, to a higher level classification (Gingold et al, 1967, p. 11).

The report recommended that: 1) nonprofessional or subprofessional mental health positions in state facilities be upgraded; 2) an intensive campaign to interest young people in careers in the mental health field by implemented; and 3) professionals (especially psychiatrists, psychologists, social workers and nurses) be urged to give serious consideration to the manpower problem and to make specific suggestions about the utilization of nonprofessional personnel in many different kinds of jobs in the mental health field. The Report asserted that there was no longer any need to argue that many duties in the care of the mentally ill must be provided by people with less than full professional training.

> . . . We must accept that fact and move on to a consideration of ways and means of bringing into the mental health field the additional personnel so urgently needed. It is essential to develop more programs for training semi-professional and sub-professional personnel to work directly with patients in hospitals, mental health centers, day care centers, schools for the retarded, and a variety of other out-patient and in-patient mental health

> settings. And it is essential to find ways of attracting people to participate in such programs (Gingold et al, pp. 5-6).

The Report acknowledged that many potential entrants to the field would be more willing to consider it as a career "if they could make a beginning in a junior college" (Gingold et al, p. 6).

With these considerations in mind, Hahnemann Community Mental Health Center approached Community College of Philadelphia with a proposal for a collaborative training program for mental health workers. By this time (mid 1967) Purdue University Extension at Fort Wayne, Indiana, had graduated its first class of associate degree mental health workers (Hadley, True and Kepes, 1970), paving the way for the development of around thirty such programs by mid-1970 (hadley, True and Kepes, 1970, p. 40). The Southern Regional Education Board was acting as a facilitator and coordinator of existing and developing community college programs for the training of mental health workers and the National Institute of Mental Health was encouraging innovate efforts in mental health manpower development by providing consultative services and financial support for pilot projects.

These circumstances, combined with the presence on the College faculty and within the College administration of individuals with special knowledge of, and interest in the field of mental health, led the College, during the 1967-68 academic year, to undertake an intensive study of the desirability and feasibility of implementing an associate degree curriculum in mental health work. Close to thirty public and private mental health agencies collaborated in this study. The public agencies involved were representative of all levels of government--Federal, State and local--including the local Veterans Administration Hospital, three State Hospitals, the City mental health authorities and the Division of Special Education of the School District of Philadelphia. All operating community mental health centers within the City and a variety of voluntary mental health agencies were involved. (See Appendix A for full listing.) There was general agreement about the need for a middle-level professional who would fill the gap between the psychiatric aide or indigenous worker and the highly trained professional. Appropriate roles for such persons were delineated and required knowledge and skills were identified. Existing curriculum models were examined, including the Purdue program and the proposals of the Southern Regional Education Board. The director and faculty of the Purdue program were consulted in order to capitalize on their experience. Assurances were obtained from the local mental health agencies that: 1) they would provide on-going consultative and advisory help to the College; 2) they would identify qualified candidates for faculty positions in the program; 3) they would cooperate with the College by providing clinical training for students--a component of the curriculum which was considered to be crucial; and 4) that appropriate jobs with appropriate salaries would be developed for graduates of the program.

In the spring of 1968 a proposed Mental Health Work Curriculum was submitted to appropriate committees of the College and to the Board

of Trustees. This curriculum was approved for implementation in September, 1968.

Meanwhile a grant application had been submitted to the National Institute of Mental Health to have the program funded as a pilot project. The College hoped to demonstrate that a two-year college-based program could produce a middle-level mental health worker who would be able to play a valuable role in the wide range of mental health services existing in a large metropolitan area. It also wished to show that economically and educationally disadvantaged students could, with an appropriate program design and the necessary supportive services, be enabled to embark upon life-long careers in the field of mental health. The program was initially approved for funding with the entry of the first class of students in September 1968. However, a freeze on the funding of new Federal programs resulted in a delay of one year in the initiation of a substantially reduced training grant. This delay in funding did not cause the College to postpone introduction of the program but, along with the limited amount of funds eventually received, it did prohibit the allocation of resources to the design and implementation of a sophisticated research component of the program. The training grants received in the 1969-70 and 1970-71 fiscal years offset some of the teaching costs which, especially during the early years of the program, were relatively high. The grants also made availabe 25 training stipends per year which were used to attract and assist low-income students.

Curriculum Design

The program was introduced with the express purpose of training middle-level mental health workers to provide a new source of manpower for the mental health facilities of the Commonwealth of Pennsylvania, specifically Metropolitan Philadelphia. Within this generalized purpose specific program objectives were identified:

1. To determine if students in a community college curriculum consisting of courses in arts and sciences, specialized mental health courses, and supervised field experiences could learn and apply the principles of the behavioral sciences to working in a helping relationship with emotionally disturbed or mentally retarded adults and children and their families.

2. To identify the knowledge, skills, attitudes and qualities required to be an effective mental health worker.

3. To evaluate the curriculum, as originally designed, and to determine the need for changes as the program progressed.

4. To evaluate the efficiency of the graduates of the program in a work experience as mental health workers.

5. To provide career opportunities in the field of mental health for low-income urban residents.

As the program was developed some additional complementary objectives were incorporated:

1. To provide opportunities for career advancement for persons already employed in mental health services as aides or attendants.

2. To provide a sound academic foundation for those program graduates who wished to continue their formal education beyond the associate-degree level.

In order to accomplish these objectives a curriculum was designed which was comprised of general education courses, courses in the behavioral sciences, specialized mental health courses, and a practicum in mental health work. (See Appendix B)

The first-year general education courses were designed to develop students' communication skills, to build a foundation for advanced courses in the behavioral sciences, to instill an attitude of open-minded inquiry into all phases of human behavior and interaction, and to develop skill in applying scientific method to the study and treatment of individual and social problems. In the second year, students progressed to advanced work in the behavioral sciences in order to acquire more detailed knowledge of human growth and development, normal and abnormal adjustment, and special problems facing individuals, groups, and society.

The specialized mental health work courses were designed to accomplish a number of objectives. They were intended to provide students with sufficient knowledge of mental health and mental illness to enable them to carry effectively the role of mental health worker and to understand the relationship of this role to the other roles in a particular setting and its relevance to the field of mental health generally. These courses were also intended to help students to apply simultaneously-acquired knowledge of the behavioral sciences to the understanding of people and situations and to the provision of helping services.

The mental health courses were designed and staffed in such a way as to foster those qualities and develop those attitudes which were considered to be essential in a mental health worker; namely, self-awareness, sensitivity to others, acceptance of oneself and of others, ability to tolerate frustration, patience, ability to work cooperatively with others, and a sense of commitment and responsibility.

Finally, the specialized courses attempted to help students develop skill in the following areas: verbal and non-verbal communication, interpersonal relationships, observation, report writing, record keeping, interviewing, group membership, group leadership, and the therapeutic use of self.

In designing the curriculum, College faculty and mental health professionals alike felt that early and continued student exposure to practice situations would be an important dynamic in the learning process.

An educational philosophy which connects learning to doing seems to be particularly appropriate for community college students, especially those who have not previously experienced success in an academic setting. Students are placed in field settings for six hours per week during each of the four semesters of the program. They are also involved in a full-time practicum for a seven week period between the first and second years of the program. The full-time practicum was designed to provide an experience of more depth and intensity than is possible during the regular academic year. (See Appendices C and D for Field Education Proposals)

Those mental health agencies which were involved in planning the program had suggested that graduates of the program might carry the following roles:

Individual Therapy Aide

Activity Therapy Aide

Group Worker

Research Technician

Patient Contact Aide

Teacher Aide (in Special Education)

Community Worker

After-care Worker

Coordinator with patient's work, school, family and with social agencies

Therefore, it was expected that students would be given the opportunity to carry these kinds of roles in their field placements. Student involvement in case conferences, in-service training and staff meetings was also encouraged, since educational gains could be expected from such experiences.

Since students entered the program with a great variety of prior life experiences, with different levels of maturity, knowledge and ability, it had to be expected that they would demonstrate varying degrees of readiness to assume particular roles and levels of responsibility in the practice situation. Beyond the attainment of certain minimum requirements, it was expected that students would be give the opportunity to develop their potential to the fullest extent possible during the time available. This philosophy meant that students in field placement were functioning at widely differing levels of practice and this fact made the identification of appropriate roles for students dependent on a high degree of individualized instruction. It also created problems for mental health agencies as they attempted to develop job classifications for graduates since they had no standard model student on which to base this classification. While the

identification of circumscribed roles for students and for graduates would have simplified instruction and agency administration, the program faculty felt that it would have been educationally unsound and essentially wasteful of student potential. The College handled the problem of different levels of functioning and different student learning needs through the allocation of sufficient faculty resources to provide individual supervision for students and close coordination with agencies providing field placements.

Although, theoretically, those mental health professionals who had helped design the program had already identified appropriate roles for students and graduates, in practice, College faculty had to devote a substantial amount of time to an ongoing process of appropriate role identification for students in field placement. Typically, agency supervisors had some difficulty in operationalizing the roles which had originally been identified. There were two prevailing tendencies which caused difficulty for students--on the one hand a tendency to feel that they could perform only narrowly prescribed concrete tasks and, on the other hand, difficulty in accepting performance below that which would ordinarily be expected of a highly-trained professional. Of course, the afore-mentioned affirmation of differential levels of functioning tended to contribute to these difficulties in role definition. Those students who were performing at a high level of proficiency were sometimes perceived as a serious threat to the position or status of the professional while those performing at relatively lower yet acceptable levels were compared unfavorably to the most advanced students. These problems seemed to reflect an "all-or-nothing" mind--set on the part of traditional professionals--either one functions as a full professional or as a complete nonprofessional. The possibility of gradations of competence, while theoretically desirable, was difficult to operationalize. However, these difficulties had to be confronted and dealt with if students in the program were to be enabled to realize their full potential and if graduates were to make their fullest contribution to patient care. Fortunately, there were enough mental health agencies which supported and operationalized an approach which allowed full development of student potential to provide a model for those agencies which had difficulty with this concept.

Periodic meetings of agency supervisors provided good opportunities for exchange of information about role definition and other problems related to field placement and the development of job classifications for program graduates. The College was under constant pressure from some agency personnel to promulgate what amounted to a uniform job description for graduates. Of course, the diversity of agencies providing field placements for students and likely to hire graduates precluded the possibility of developing a uniform job description even if this had been an appropriate role for the College. However, program faculty did assume the responsibility of assisting individual mental health agencies in developing job descriptions appropriate to their own particular services and worked with various groups of agencies which sought to develop common job categories. The works of McPheeters (1969) and the Southern Regional Education Board (1969) on role definition were particularly helpful in this area. In most mental health settings, a team approach organized on a nonhierarchical basis, seemed to provide the greatest opportunities

for maximizing both the development and the contribution of the individual (Bennis, 1969).

Since all doing does not necessarily imply learning and since a philosophy had been adopted which stressed the need to identify individual student learning needs, it was necessary to provide a mechanism which would ensure that appropriate learning was taking place in the field setting and that this learning was being integrated with the knowledge and skills which were being acquired in the classroom. The College had responsibility for the educational quality of the total program, including the field work component, and, this included the why as well as the how to aspects of the practice. Therefore, regardless of the mental health agency resources which could be utilized to train students, the College had to provide sufficient faculty to ensure that appropriate learning was taking place in the field.

In order to accomplish the integrated, individualized learning which was desired, a system of dual supervision of field practice was developed. Educational supervision of students was provided by program faculty while administrative supervision was provided by mental health agency personnel. Students met with faculty in a small practice seminar for two hours each week and they met individually with a faculty supervisor for one hour every other week. Through these seminars and individual supervisory conferences students' learning needs were identified and their progress monitored. The faculty supervisor was responsible for maintaining close contact with the agency supervisor and together they would identify appropriate learning experiences for students. While in field placement, the student was responsible directly to the agency supervisor who would assign tasks, interpret agency practices, specify treatment goals, etcetera. It was expected that agency supervisors would meet with students individually or in groups for at least one hour per week. This dual supervisor structure enabled the College to use a wide range of nontraditional field placements without compromising the educational quality of the field experience. Mental health agencies providing field placements for students are listed in Appendices C and D.

A review of the mental health agencies providing field placements for students reveals a great diversity in their nature, their goals, and the populations which they serve.

By placing students in at least two different settings during their two years in the program, by giving them the opportunity to carry a variety of roles, and by facilitating an exchange of information and experiences in a practice-related seminar, it was hoped that students would acquire a fairly comprehensive view of the multiple needs existing in the metropolitan area and the mental health services which attempted to meet these needs. It was assumed that there were underlying principles and fundamental knowledge and skills which were common to these different services and that transfer of learning was possible among different areas of practice. There were also clear indications that a mental health "generalist" could best meet the needs of local mental health services.

The original design of the program had an express commitment to the "generalist" philosophy even though the curriculum contained a high proportion of "specialized" mental health courses. This commitment was reflected in a concern for the fundamental principles of therapeutic intervention and an avoidance of emphasis on any one method or area of practice. It was felt that graduates would best be prepared to provide valuable services and continue their own development if they acquired a sense of their own identity as helping persons, an integrated body of knowledge, and a repertoire of basic therapeutic skills which could be applied in a variety of settings. The production of a well-integrated beginning practitioner who would continue to develop his knowledge and skills after graduation from the program was valued more than the production of graduates who had attained high levels of proficiency in quite specialized skills. While this approach has been challenged on the grounds that it serves neither the educational needs of students nor their need to have immediately marketable skills, the experience of graduates of the program at Community College of Philadelphia would tend to suggest that graduates of this program are not highly attractive to senior colleges but are able to perform valuable roles in mental health settings.

While the supervisory structure described above was quite expensive in terms of faculty resources, it was felt by the program director and faculty to be an essential component of a sound program.

There was recurring criticism that the program was attempting to produce a full-fledged professional in two years and, indeed, certain aspects of the program philosophy and structure gave this charge some credibility. The program director and faculty rejected the notion that they were producing technicians--defined as value-free performers of narrowly circumscribed tasks. While they did not wish to produce graduates who would in any way challenge the legitimate authority of the established mental health professions, they refused to accept a definition of students or graduates which implied that they were <u>less than</u> professional. There was a deliberate avoidance of the use of any of the established professions as a referance group, the assumption being that the graduates of the program would be "Mental Health Workers" with their own particular identity. It was not assumed that they would ever have the autonomy and authority which the established professions claim but that they would have the ability to form judgments about situations and that they would be full participants in the provision of mental health services.

The fact that some students in the program demonstrated considerable knowledge about human behavior and social institutions, a high level of therapeutic skill, and the ability to make mature judgments about situations and that all of these facts were acknowledged and affirmed by program faculty and by most mental health agencey staff added credence to the suspicion that the program was attempting to produce full-fledged professionals. In reality, while these individuals were performing at a level hard to distinguish from that expected of a professional, they were not representative of the student group as a whole or the expected minimum standard of performance in the program. What the program faculty refused to do was to limit the development or deny the potential contribution of

individual students and, in this, they received the support of the majority of mental health professionals.

Program Resources

During the academic year prior to the introduction of the program, a member of the College faculty who had a background in psychiatric nursing education was assigned full-time to the task of 1) surveying the local need for middle-level mental health workers, 2) securing the collaboration of local mental health professionals and the assistance of national experts in planning the program, and 3) coordinating the internal resources of the College in designing the curriculum. The planning and preparation which this faculty person was able to accomplish prior to the introduction of the program proved to be a sound investment. The groundwork done during the planning phase made all subsequent tasks substantially easier and it is fairly safe to say that the quality of program planning is a crucial factor in determining actual program success or failure.

A full-time director of the program and a full-time faculty member--both social workers--were appointed during the summer of 1968 and four visiting lecturers--a clinical psychologist, an educational psychologist, and two social workers--joined the faculty with the introduction of the program in September 1968. The director had held an administrative position in a large children's institution and he had been involved in training paraprofessional child care workers. The other full-time faculty member had been involved in community based work programs for disadvantaged city youth. The visiting lecturers were a director of a community mental health center, a training specialist for a community mental health center, a faculty member of a graduate school of social work, and the director of a Veterans Administration hospital social service department.

These six members of the mental health faculty taught all of the specialized mental health work courses and provided individual supervision for each of the 57 students who entered the program in the first year. All other courses--general education, social and behavioral sciences, etcetera--were taught by members of the appropriate academic departments of the College.

With the entry of the second class of students in September 1969, two additional faculty members were appointed--a clinical psychologist and a psychiatric nurse. The number of visiting lecturers was reduced to three--two clinical psychologists and an educational psychologist.

With the initiation of the program an Advisory Committee of mental health professionals was appointed by the President of the College. The general purposes of the Advisory Committee were to provide guidance to the College on the operation of the program and to represent the program to the local mental health community. Its initial composition

included the City deputy commissioner for mental health and mental retardation, the State regional director of mental health, the chairman of the department of psychiatry of a local medical school, a board member of the local mental health association, the director of social services of a local Veterans Administration psychiatric outpatient department, and a lawyer and former State administrator with a particular interest in the field of mental health. The Committee was subsequently expanded to include the director of a state hospital, the director of a community mental health center, a field supervisor of students, and one of the first graduates of the program.

The Committee met about four times per year and dealt with such matters as curriculum review, recruitment and selection procedures, job development and the establishment of civil service classifications. All meetings were attended by members of the College administration and faculty and by student representatives, all of whom contributed to the deliberations of the Committee.

As well as their contributions to group deliberations and recommendations, members of the Committee made individual contributions to the program by providing specific expertise or assistance in relation to particular questions or problems. The overall contribution of the Advisory Committee to the program has been invaluable.

Because of the substantially reduced funds received from NIMH in support of the program and because of a decision to devote available funds to maximizing the educational and administrative quality of the program, the College was unable to allocate substantial resources to the implementation of formal research procedures beyond the collection of sufficient data to maintain a record of program activities and to enable internal monitoring of the program. In order to supplement the rather limited research activities of the College, an effort was made to utilize research resources available outside of the College. The activities and findings of four separate research groups are included in this report.

CHAPTER III

STUDENTS

Enrollment

Fifty-seven students enrolled in the program on a full-time basis in September 1968. Of this number, 27 graduated in May 1970 and four graduated in June 1971. One member of the first class remains in the program at this time.

Fifty-one full-time students entered the program in September 1969. Twenty-seven members of this class graduated in June 1971 and seven remain in the program at this time.

Forty-nine full-time students entered the program in September 1970 and, of this number, twenty-five are still enrolled in the program.

The attrition rate (41 percent on average) has been quite high among first-year students in the program although it is somewhat lower than the overall rate for the College and for community colleges nationally (over 50 percent). Attrition among second-year students is negligible.

The high rate of early drop-out seems to relate primarily to changes in students' career plans, reflected in transfer to other programs within the College or to other academic institutions, some failure to cope with the demands of the program, and a variety of personal reasons, including illness, financial pressures or familial problems.

Each year, approximately 50 students have been enrolled in the program on a part-time basis. The part-time students have included a variable group (twenty to thirty-five) of State-employed psychiatric aides. None of the part-time students has yet completed enough college work to graduate.

The full-time enrollment has been comprised primarily of recent high school graduates--young people under 20 years old. However, the age range goes up to 60 years. Part-time students are considerably older, on average, than full-time students.

Approximately one-third of the students enroled full-time in the program are economically disadvantaged and in receipt of financial assistance from various sources. A slightly smaller proportion of students could be classified as educationally disadvantaged and requiring remedial education during their first year in the program.

Following discussions between State officials, representatives of the Philadelphia Psychiatric Aides Association and members of the College administration and faculty, the College began to enroll State-employed psychiatric aides in the program on a part-time basis and to offer courses at a State hospital--the Eastern Pennsylvania Psychiatric Institute--located in Philadelphia. So far, three courses have been offered and

they have had enrollments of 17, 22, and 35 students.

The State pays tuition for the aides, releases them from work for class attendance, and provides classroom space at the Hospital.

This project was undertaken by the College with the understanding that the State would develop a civil service classification and an appropriate salary scale for associate degree graduates within the State mental health system. Such a classification is in the process of development and is expected to be established this year.

It is not the intention of the College to offer all courses in the Mental Health Work Curriculum off-campus in State facilities. Rather, the intent is to continue to offer introductory courses off-campus with the hope that experiencing success in these courses will encourage interested psychiatric aides to enroll subsequently in regular courses offerings at the College.

Student Characteristics

During the 1969-70 academic year a group of students from Bryn Mawr College Graduate Department of Social Work and Social Research carried out a study of the first class of students who entered the College. Their findings present a fairly comprehensive picture of our student population and also identify some differences between those students who remained in the program and those who "dropped out." The data presented here has been extracted from their "Descriptive Study of the initial Class of Mental Health Work Students at the Community College of Philadelphia" (Brawley et al, 1970, pp. 111-186).

Description of Sample:

Students comprising the population under study included 48 females and 9 males. Of these 57 students 22 had discontinued in the program.

The research group was able to gather 46 completed questionnaires out of the 57 originally mailed, representing 80.7 percent of the population. Of these 46 questionnaires, 32 were the responses of students who had continued in the program representing 91.4 percent of the continuing students in the population. The 14 questionnaires returned from students who discontinued represented 63.6 percent of the responses that might have been returned in this category.

Permission was received from 46 of the 57 students in this first class, granting permission to the research team to examine their college records. Of these 46 respondents 33 were students who continued in the program. This represented 94.8 percent of the continuing students. Permission slips were signed by 13 students who discontinued in the program which was a response of 59.1 percent of the discontinuing students. A total of 11 students (19.3 percent) did not grant permission: 2 continuing students (3.5 percent) and 9 discontinuing students (15.8 percent).

An examination of these figures reveals that students in the sample who had continued in the program seemed more apt to allow examination of college records and also were more willing to respond by returning the questionnaire then were those students who discontinued.

Demographic Variables:

The sample as a whole tended to be composed of young females. Females also predominated in the two sub-groups, that is, those students who continued and those who did not. Of the 7 male students who responded to the questionnaire 5 individuals (71.4 percent) continued in the program, a slightly higher percentage than that found for females.

Thirty-one subjects (67.4 percent) of those students who responded were under the age of 21. However, this group also had the highest percentage of students who discontinued. All 3 respondents over 32 years of age continued.

Although there were fewer older students in the sample, they were most prone to continue. In this sample the rate of discontinuance decreased as age increased.

Although there were significantly fewer males entering the program at the Community College of Philadelphia it was found that the males formed a stable student group that seemed as likely to continue as their female counterparts. This is an interesting finding in view of the fact that in the review of a similar program it was found that males tended to have a higher attrition rate (Kurland, 1968, p.14).

The sample as a whole tended to be composed of single students. Nine subjects were either presently or at another time married (6 reported being currently married, 1 currently divorced and 2 currently separated). Only two of the married students discontinued their attendance. One person separated while attending the program; this subject remained enrolled. One person married after leaving the program. Regarding the number of respondents having children, five of the eight married subjects reported having children. All five students in the group remained in the program.

The research team had expected that more marked association could be made between changes in marital status and discontinuance in the program. This assumption did not seem to have any validity in this sample, since of the 2 subjects who changed their marital status after admission (1 separated and 1 got married), 1 subject remained enrolled and 1 did not. Any emotional stress associated with separation did not seem to influence this subject's ability to continue. The research team had also expected that a great number of the subjects leaving the program would have done so in order to get married. This was based on the age of the total population. However, there were no indications that such an assumption was valid for this sample.

It was also thought that having children might be a factor associated with discontinuance in the program since it might mean additional stress for the student. The Rioch project (Rioch, Elkes and Flint, 1965, p. 7) excluded females with children of pre-school age. Our data suggested that having children at home did not contribute to leaving the program nor did the age of the children.

The sample tended to be largely white students, whose religious affiliation was predominantly Roman Catholic or Jewish. It was interesting that, out of 33 white subjects who entered the program, 21 remained in it, representing a total of 63.6 percent. Out of the 12 Negros who enrolled, 10 remained in the program, representing 83.3 percent.

In reference to religious affiliation of the subjects, the data revealed that 7 individuals (43.8 percent) of the original group of 16 Roman Catholic students left the program. The number of students who discontinued and were either Jewish or Protestant was less marked.

Students reporting infrequent religious participation revealed the highest rate of continuance, followed by regular participation and then periodic participation. Those reporting no religious participation at all had the highest rate of discontinuance. Some form of religious participation may be suggested as a factor associated with continuance.

In terms of mobility, fourteen students who discontinued attendance in the program moved furing the academic year 1968-69. Although after preliminary studies of the nature of the Community College population the research team expected a high degree of mobility, the fact that 100 percent of the subjects who did not continue in the program moved during the academic year seems particularly significant.

The mobility factor associated with the discontinuing group would seem to warrant further studies. Six other subjects moved during the academic year and yet remained in the program. One wonders if there is a relationship between the conditions which prompted the moving of the discontinuing students and the fact that they left the program. Can mobility be associated with stress and inability to cope with academic demands? It cannot be presumed that there is a direct causal relationship between moving and discontinuing; too many intervening variables would render invalid such an abrupt conclusion. However, this particular finding is offered for further consideration since it appears to be a distinctively differentiating factor between the two groups.

Thirty-one out of the 45 respondents had held jobs prior to entry into the program. Fourteen out of the 45 had not been previously employed. Twenty-three out of the 31 who had been employed, that is, 74.2 percent of this total remained in the program. Eight out of the same 31 did not continue, and they represent 25.8 percent of the previously employed subjects. Of the 14 subjects who did not report employment prior to enrollment, 8, that is, 57.2 percent of this total, continued; and 6, that is 42.85 percent of 14 did not. Comparing these percentages, it can be seen that among the discontinuing students there was a larger

percentage of students who had not had previous employment than those who had been previously employed.

The difference between those subjects who had held social service jobs and those who had performed other types of work did not appear significant in relation to continuance and discontinuance. The distribution of subjects was quite even in this latter case. However, in analyzing the number of subjects who held paid jobs, one finds that out of the 45 subjects who reported having held paid employment of various kinds, 34, that is 77.8 percent, remained in the program.

Regarding the subjects' prior record of military service, there were only three male veterans among the respondents. Two of them remained in the program.

The respondents who had had prior paid job experience and who presumably might have had more contact with the difficulties of the labor market, and thus greater appreciation of the necessity of higher education, seemed to be more likely to remain in the program. Further longitudinal studies of students who do not continue in the program might prove enlightening in terms of determining whether, in fact, prior job experience and especially paid job experience is associated with continuance and discontinuance. As far as veteran status is concerned, the small number in the group does not permit much speculation.

Summary:

1. The rate of discontinuance decreased as age increased.

2. Males formed a stable group of students who were as likely to continue as their female counterparts.

3. Having children at home did not contribute to leaving the program nor did the age of the children.

4. Negroes seemed to represent a more stable group, continuing in the program, than did other racial groups.

5. Roman Catholic students constituted a larger proportion of discontinuing students than did any other religious group.

6. Some form of religious participation seems associated with continuance in the program.

7. Of the students who discontinued, 100 percent moved at least once within the City of Philadelphia during the academic year 1968-69.

Cultural Background and Life Style Indicators:

The following results and analysis are concerned with the cultural

background and life style of the continuing or discontinuing respondents and of the sample as a whole. The indicators that were examined were: 1) the respondent's experience with mental illness or psychotherapy; 2) the father's education and occupation; 3) the mother's education and occupation; 4) the availability of a place conducive to study; and 5) the method of funding for tuition and living expenses while in school.

The purpose was to try to determine if these particular indicators of cultural background and life styles played any part in the continuance or discontinuance of the respondents in the Mental Health Work Curriculum at the Community College of Philadelphia. It was recognized that many other indicators could have been investigated and the ones that were selected were chosen arbitrarily.

The majority of the respondents had not had any personal contact or direct involvement in the psychotherapeutic field. Thirty-two out of the 46, that is a total of 69.6 percent reported no personal involvement in treatment. It is interesting to note, however, that the three subjects who reported having been in treatment prior to enrollment in the program all continued in it. This represented a continuance rate of 100 percent for those respondents who had received treatment of one sort or another. Six individuals reported having been in treatment before enrollment and having continued after enrollment. Three out of the six continued in the program. The other three discontinued.

Thirty-three out of the forty-six respondents indicated that neither a member of their family nor a friend had ever been treated for emotional illness. This figure represents 71.7 percent of the respondents. Again, it must be called to the reader's attention that <u>all</u> of the respondents who reported that <u>either</u> a family member <u>or</u> a friend had been treated for emotional problems, but not both, continued in the program. On the other hand, the two individuals who stated that <u>both</u> a member of their family and a friend had received treatment discontinued their attendance in the program.

It is extremely difficult to make assumptions as to the meaning of these trends. The research team's thought had been that involvement or familiarity with the psychotherapeutic field might be related to continuance. The subjects who had been in treatment before entering the program and continued in it, along with the 3 who continued out of the 4 who became involved in treatment after beginning the program, and with the 9 who reported having had a family member or a friend in treatment might indicate that the assumption had some validity. However, there seems to be no distinguishing characteristic to explain the fact that treatment involvement after beginning the program made no difference in the case of one subject, and that the two individuals who had a greater degree of contact with the psychotherapeutic field because of their families' and friends' illnesses did not continue. To this must be added the fact that the <u>four</u> subjects who reported having had <u>untreated</u> family members and friends suffering from emotional disorders <u>all</u> continued in the program.

At best, the descriptive significance of these numbers might suggest these variables for further study. There is another point which might be explored, and that is the fact that perhaps the degree of severity of a subject's illness is connected with his ability to continue or not. The three subjects who had been in treatment before enrollment, continued; they might be assumed to have gained greater ego strength thus deciding to embark in an education program. The majority of those who became involved in treatment following enrollment (3 out of 4) also continued; perhaps the nature of the problem of 1 was different from the nature of the problem of the other 3. There is also the possibility that the degree of severity of the problem of the 3 subjects who reported treatment before and after enrollment but continued in the program was different from the degree of severity of the other 3 in the same category who discontinued.

The research team established classifications for the occupations reported by the respondents. Occupations such as truck drivers, bartenders, domestic workers and others which did not appear to have involved extensive training were classified as unskilled. Occupations such as carpenters, mechanics, typists, clerks, etc. were classified as skilled. Business employees other than executives, government employees, etc. were grouped under the white collar classification. Medical and paramedical personnel, social workers, hospital administrators, etc. were all classified as professional.

The data revealed a cluster of respondents who reported occupations for their fathers which fell within the white collar classification. A total of 14 subjects fell within this category. Twelve out of the 14, that is 85.7 percent of this group of subjects remained in the program. In contrast, the highest percentage of discontinuance was reported by those individuals whose fathers' occupations fell within the skilled category. Five out of the 11 persons in this group discontinued in the program. This represents an attrition rate of 45.5 percent for this category. The other categories do not appear to reveal particularly significant differences, either because the number of respondents in the particular subgroup was too small for making assumptions, or because the distribution was fairly even between the continuing and the discontinuing students.

In terms of education, 2 of the subjects (100 percent) who reported fathers with postgraduate education discontinued in the program. Of the subjects who reported fathers having a Bachelor's degree or partial college training, 2 individuals (100 percent) continued in the program. Those who continued also had a greater percentage of fathers listed as High School graduates. Of those respondents who reported having fathers with less than a High School education, 10 subjects (66.6 percent) continued, and 5 subjects (33.3 percent) discontinued.

Eighteen people reported having mothers who were housewives. Fifteen out of these 18, that is 84.3 percent, continued in the program. Another 18 individuals reported having mothers who had skilled occupations.

Thirteen, that is 72.2 percent of these subjects, continued in the program. It must be noted, that 5 of the 6 people (83.3 percent) who reported having mothers in the professional category discontinued in the program. It would appear that the subjects' mothers' occupations, with the exception of those in the professional group, is not a significant factor that can be associated with continuance or discontinuance in the program.

In terms of educational background, there was one clear cluster of subjects who reported having mothers who were High School graduates. Twenty-four individuals fell in this category. The next significant cluster was that formed by individuals whose mothers were reported to have less than high school education (12 respondents). An analysis of the frequency distribution of respondents who continued or discontinued in relation to the reported maternal occupation does not permit the formulation of significant differentiating factors between the two groups for this particular variable.

It appears that of the 32 respondents who had a place conducive to study, a greater percentage, 23 subjects (71.0 percent), continued in the program than discontinued, 9 subjects (28.1 percent). Of those who did not have a place conducive to study, a larger percentage, 9 subjects (64.3 percent) continued than discontinued, 5 subjects (35.7 percent) in the program. The significant difference in these two ratios between continuing and discontinuing students seems to indicate that having a place conducive to study may be a factor in the respondents continuing or discontinuing in the program.

The respondents who studies at home and school were most likely to continue in the program. The respondents who studies only at school or a library were less likely to continue and the respondents who studied only at home were the least likely to continue in the program.

The respondents who received a grant or scholarship seem to have been most likely, 6 respondents (100 percent), to continue in the program; and those who funded their tuition from mixed or other sources seemed very likely, 8 individuals (72.7 percent), to continue. The respondents who funded their tuition by the two above methods showed more resourcefulness in arranging for their tuition by methods which would cause no future liability to themselves. Those who combined two sources for funding the tuition also showed resourcefulness and determination to enter this program.

Among the respondents who funded their tuition by loans or savings a fair percentage seemed more likely to continue, 5 subjects (62.5 percent), than to discontinue in the program. This method of funding showed a certain degree of independence and willingness to assume a personal liability for one's own education. The respondents whose tuition was funded by parents appeared a little less likely to continue, 11 subjects (61.1 percent). There was no distinction made between the respondents

who borrowed the money from the parents and those whose parents gave the tuition.

The respondents who worked for their tuition seemed least likely to continue, 1 individual (50 percent). This seems to indicate that entering college with no outside provision for funds and depending upon working one's way through college today is the least satisfactory method of funding tuition.

Again, when methods of financing living expenses are considered, those who received grants or scholarships were most likely to continue, 1 respondent (100 percent), in the program. Those who assumed a personal liability by using a loan or savings were more likely to continue, 3 individuals (75 percent), than to discontinue in the program. Interestingly, employment to earn living expenses ranked next and seems to indicate continuance, 8 individuals (72.7 percent), rather than discontinuance. The mixed or other sources came next and still indicated continuance, 6 subjects (66.6 percent). Parents as a source for living expenses appeared to be the most used source (20 respondents) of living expenses, and yet, it also had the least percentage of students who continued, 13 subjects (65 percent), rather than discontinued in the program.

Although some categories are small in numbers of respondents, it would appear that methods of funding tuition and continuing in the program would rank, according to percentages, in the following way: 1) grants and scholarships; 2) mixed or other sources; 3) loans or savings; 4) parents; and 5) employment.

Methods of securing one's living expenses and continuance in the program appeared to rank, according to percentages, as follows: 1) grants and scholarships; 2) loans or savings; 3) employment; 4) mixed or other sources; and 5) parents.

It appears that the more independent the respondent can be in securing funds the more likely he is to continue in the program. Employment to supply tuition funds, however, is the method least conducive to continuance.

Summary:

1. The majority of the respondents had not had any personal contact or direct involvement in the psychotherapeutic field.
2. The fathers' occupations of the respondents who continued in the program tended to fall in the white collar classification.
3. All fathers (2) whose education included post graduate work had students who discontinued. Respondents reporting fathers having Bachelor's degrees or partial college training (2) continued in the program. Those who continued also had a greater percentage of fathers listed as High School graduates.
4. Respondents reporting mothers in the professional category discontinued in the program.
5. There was one clear cluster of respondents reporting mothers who were High School graduates.

6. Availability of a place conducive to study and the respondent's use of the home and the school for study had a positive relationship to continuance in the program.
7. Independence and determination seemed to play a role in the respondents' method of funding tuition and living expenses.

Academic Achievement Prior to Entry into the Program and During the Academic Year 1968-69:

The research team focused on the specific areas of; 1) having obtained a high school diploma or a general education diploma; 2) major area of study in high school; 3) average senior year grades and 4) the American College Test scores as areas that might reveal factors associated with continuance or discontinuance.

The team was interested in examining the students' progress during the first year to determine whether specific areas of good or poor performance could be detected. There was also an interest in learning if taking remedial courses helped to keep a student in the program.

In the area of educational background the sample for the most part was made up of students who had earned a high school diploma. There were only four students who had taken a general education diploma. The frequencies were so small in the latter category that no conclusions could be drawn as to whether having a general education diploma as opposed to a high school diploma might increase the chances of a student leaving the program.

When looking at the major course of high school study of the respondents, however, there was a tendency for a trend to emerge. The largest percentage of students had taken the academic course. The second largest category was the general course. Of those who took the academic course 76.2 percent continued whereas 53.3 percent continued of those who had taken the general course. Interestingly enough those who had taken either the academic or business course were most likely to remain in the program. Those students who had taken the general course of study were most likely to discontinue.

In reviewing senior year high school grades it was found that some 52.6 percent of the students in the C category discontinued as opposed to 15 percent in the B category. One student reported an A average and remained in the program. Five students who reported grades below C remained in the program suggesting that the commonly held assumption that poor students will not succeed in college may be invalid.

The American College Test is a standardized test given to High School seniors across the country with standard scores ranging from 1 to 36. The median score for all high school students taking the battery is 16 for all sub tests. The median score for all first semester senior high school students who are <u>college bound</u> is a score of 20.

The two groups generally achieved median scores that were very close to one another on each subtest and for the most part were closer to the median of 16 appropriate for high school seniors rather than the 20 expected for college bound seniors. The one exception to this was in the Social Studies subtest in which they performed closer to the 20 expected for college bound seniors. The respondents did least well in Mathematics and Natural Sciences.

In terms of national percentiles the range for the sample ran from 10 to 13, the highest two scores being in the Social Studies subsection with continuing students scoring in the 33rd percentile based on their median score and students who discontinued scoring in the 28th percentile. Interestingly enough, on the composite score for the test battery the median score and percentile for students who discontinued was slightly higher.

For this sample the American College Test was not a good predictor of success in the program and if used as a rigid admission criterion could conceivably exclude numbers of people who might ordinarily succeed.

In the area of general academic courses taken at Community College of Philadelphia the largest percentage of students achieved a grade of C, 21 individuals (48.8 percent), with the grade of D having the next highest concentration of students, 16 individuals (37.2 percent). These two categories also had the lowest percentage of students who discontinued. It is also significant to note that these categories had the highest frequency, that is, 37 of the 43 individuals. As would be expected the highest rate of discontinuance was found among those students whose mean grade was F. The second highest concentration of discontinuing students occurred in the category B, but it should be pointed out that any conclusion drawn on the basis of such a small number would be highly tentative. Receiving a mean grade of C or D in academic courses during the first two semesters did not seem to be related to discontinuance of the students in the program.

Whereas the mean grades in general academic courses tended to fall in the categories of C or below, in specialized Mental Health Work courses they moved in the opposite direction with 50 percent achieving C, 35.7 percent achieving B and 4.8 percent or 2 students receiving A. Neither student receiving an A discontinued and, of the students receiving a B or C, over 80 percent continued in the program. Only 4 students received a grade below C and 3 of these discontinued.

In the area of the practicum, it was found that the least number of students scored below a C (1 student) and highest number of students achieved an A (5 students); only 19 percent of those students receiving C or better left the program (a total of 8 students). We have no way of knowing if these 8 students may have been doing poorly in any of the other areas.

To summarize what was revealed in the data relevant to academic achievement during the course of study at the Community College of

Philadelphia, the following trends emerged: Students who achieved less than a mean grade of C in specialized Mental Health Work courses or the Practicum in Mental Health for the most part left the program. There was only one exception to this. In the area of general academic courses 14 students or 32.6 percent of the total sample received a grade below C and remained.

Grades below a C in theoretical Mental Health Work courses or the Practicum in Mental Health either discouraged the student from continuing or served as basis for counseling out whereas in the area of general academic work the same did not hold true.

Sixteen students, or 34.8 percent, in the sample took remedial education courses. Of those who took one course the rate of discontinuance was 60 percent as opposed to 27.2 percent for those who took two remedial courses. It would appear from this data that if a student needed remedial work his chances of continuing in the program were far greater if he took two courses.

Summary:

1. Those students who had taken the general course of study in high school had the highest rate of discontinuance in the sample.
2. Approximately half of those students who reported an average grade of C for their senior year in high school (9 students) continued and half (10 students) discontinued.
3. Students reporting grades above and below C for their senior year remained in the program.
4. The American College Test did not appear to differentiate between those who continued and those who discontinued in this sample.
5. Students in the sample achieved higher scores in specialized Mental Health Work courses and in the Practicum in Mental Health than they did in general academic courses.
6. Virtually all students scoring below a C in specialized Mental Health Work courses or the Practicum in Mental Health left the program. This was not true in the area of general academic courses.
7. Students who needed remedial courses seemed to have a better chance of continuing if they had taken two courses rather than one.

Motivating Factors Involved in Entry Into the Program and Future Plans of Respondents:

This section of results and analysis includes the sources through which the respondents first learned of the Mental Health Work Curriculum at the Community College of Philadelphia; by whom the enrollee was initially interviewed; motivating factors in enrollment; respondent's

plan for the future at the time of enrollment; respondent's present plans for further training; the time this decision was made; and any plans of the discontinued respondents to re-enroll in a Human Service curriculum.

Most students who entered the program learned of it either through bulletins or brochures published by the Community College of Philadelphia or through personal contact with a member of the College staff, such as counselors, 29 students (64.4 percent). Some 25 respondents (54 percent) indicated that they had no knowledge of the program prior to entering the College. Although the question was not clearly defined, this figure may indicate that of those who learned of the program from sources originating at the Community College of Philadelphia, many did have personal contact of some sort during the initial stages of applying.

Informaton from the news media or from former school counselors carried the next largest numbers as sources of knowledge about the program, each having a response of 5 individuals (11.1 percent). The rate of discontinuance in the various categories was very similar, suggesting that the source of information was not an important factor. The highest percentage of discontinuance occurred in the category in which respondents indicated they had learned about the program from their former school, 2 respondents (40 percent). Perhaps more detailed knowledge acquired through the bulletins or counselors at the Community College of Philadelphia helped keep the rate of discontinuance slightly lower.

The research team learned during their early conversations with the Director of the program that no single admission procedure was applied to students who enrolled in the first year of the program. Although efforts had been made to have each student interviewed by a staff member of the Mental Health Work Department, in actuality some students began the program who had not been interviewed at all, some were interviewed by only the General Admissions Office of the College, others by the Mental Health Work Department and some by both the General Admissions Office and the Mental Health Work Department. The research team thus became interested in whether one or another of these types of interviews might have been better than others.

It was found that most students had been interviewed by the Mental Health Work Department, 30 students (66.7 percent). Six students, or 13.3 percent, had been interviewed by both the General Admissions Office and the Mental Health Work Department. A total of 9 students had either not been interviewed at all or had been interviewed by only the General Admissions Office (2 by the General Admissions Office and 7 having no interview at all). The students in these two categories represented 20 percent of the sample. Interestingly enough these same 2 groups had only 1 student who discontinued in the program. This suggested that students who were not interviewed at all or where interviewed by the General Admissions Office had a higher percentage of students who continued in the program than did those who were interviewed by the Mental Health

Work Department. There are certainly no easy explanations for this phenomenon and it should not be accepted as conclusive data since the frequencies in some categories were so small.

Any study which has as part of its focus the identification of factors associated with continuance or discontinuance in a program would want to examine the primary motive people had for entering it in the first place. This study was no exception and sought to present material relevant to this question.

It was not surprising to find that students enrolled in a course of study falling under the broad category of a helping profession should, for the most part, list their primary motive as wanting to help people. Some 30 respondents (65.2 percent) answered that they wanted to help people or that they wanted to help emotionally disturbed or retarded people (16 respondents or 34.8 percent for the former; 14 respondents, or 30.4 percent for the latter). The fact that no student enrolled to satisfy employers' expectations indicates that all respondents had a personal investment in entering the program; that is, a personal need which they felt could be satisfied.

One would tend to think that an orientation toward helping others would be reflective of a greater personal commitment than reasons associated with job security or the challenge of a new career and perhaps indicate better chances of continuing in the program. The findings, however, seem to move in another direction. Ten students, representing 21.7 percent of the respondents, indicated either that they chose Mental Health Work because it was a new career or because it represented job security (7 students in the former category and 3 in the latter). Only 1 student in these categories discontinued in the program. Ten students out of 30 who had as their primary motive either wanting to help people or wanting to help emotionally ill or retarded people left the program, 5 in each category.

These data suggest that the answers more commonly assumed as noble carry with them a greater risk of discontinuing in the program. Clearly, those students who chose it because it was a new career or because it held job security had a far greater percentage of students remaining in the program.

One might question whether these same students would be as effective in their work, but we should remember that to answer the question this way does not mean that they did not also want to help people. Any explanation of why there was a higher rate of discontinuance among those who answered they wanted to help people cannot be made from this study. Further research in the area of motivation for entering the program might prove very fruitful in discovering factors associated with continuance or discontinuance that could be searched for during the interviewing process.

Another area of interest for the research team was that of plans for the future at the time of enrollment. Twenty-five individuals (54 percent) indicated that they planned to seek employment after obtaining

the associate degree in Mental Health Work. Nineteen students (41 percent) planned to transfer to 4 year programs. Of those who planned to transfer, 5 students indicated that they planned to transfer to a 4 year liberal arts program and 14 students planned to transfer to a 4 year Mental Health Work program. All 5 students in the former category remained in the program as opposed to 9 students (64.3 percent) of those who planned to transfer to a 4 year Mental Health Work program. A similar percentage, 16 students (64 percent) of those who planned to seek employment remained.

It is difficult to interpret this material. Only 5 students responded with plans to transfer to a 4 year Liberal Arts course and all 5 remained in the program. One wonders why they remained in a curriculum designed to train Mental Health Workers. It is possible that these 5 students did not read the responses carefully and were perhaps heading for a 4 year Mental Health Work program.

At any rate, 19 of the total respondents (over 41 percent) did plan to transfer to some 4 year program and, of these 19 students, 73.8 percent remained in the program, a much higher percentage than that found for those who planned to seek employment, (16 students, 64 percent remained in this category). Entering the program with intentions to go on to some four year program evidently provides an impetus to continue. This poses a problem when one considers that the associate degree program is designed to provide middle-level workers and yet one finds that the program either attracts people who will go further up the ladder or a group of people who seem prepared to accept a middle-level career and who turn to be poorer risks. Again, it seems that motivational factors are involved.

After participating in the program, the number of students who planned to take further training increased relative to the number who planned to do so at the time of enrollment (25 as opposed to 19). Most seemed to have made the decision after having completed the first semester, that is, either during the second semester or during the summer. Those students who did not plan to go further were not asked to specify the time of their decision.

Six of the students who discontinued in the program indicated that they were planning to re-enroll in a Human Service career, perhaps indicating that they either had to leave for personal reasons which prohibited them from continuing or had found themselves in the wrong kind of Human Service career.

Summary:

1. Students interviewed by the Mental Health Work Department had a greater percentage of students who discontinued than did those interviewed by the General Admissions Office of who had no interview at all.
2. Those students who listed as their primary reason for entering the Mental Health Work Curriculum either that it was a new career or that it offered job security had a greater percentage

of students who continued than did those who stated as their reason that they wanted to help people.

3. Students who at the time of enrollment planned to transfer to four year programs had a greater percentage of students who continued than did those whose original plans were to seek employment after receiving their degree.
4. The number of students who planned to do further training increased during the course of study.
5. Nearly half of those students who discontinued in the program planned to re-enroll in a Human Service program.

Opinions and Attidudes of the Respondents Above the Associate Degree Program in Mental Health Work.

The research questionnaire contained several open-ended questions designed to elicit respondents' feelings and attidues toward Mental Health as a career; toward their acceptance by peers at the College and by agency staff; and toward the program itself; and to elicit respondents' ideas of what characteristics they felt a good Mental Health Worker needed and what factors they felt might be associated with a person leaving the program. What follows is, for the most part, a qualitative analysis of the material elicited.

Over 90 percent of the respondents who continued and those who discontinued felt accepted by both their peers at the College and by the agency staff at their field placement. Ninety-eight percent of the respondents would recommend the program to someone else, and 89 percent of the respondents felt that Mental Health Work was a developing career. Only 5 respondents did not think that Mental Health Work was a developing career, and surprisingly, 4 of these 5 remained in the program. As was noted in the discussion of motivation, it seemed that some students who continued viewed, and were willing to accept, Mental Health Work as a terminal job.

In terms of attitudes toward the program, 65 percent of the sample would have been just as eager to enroll in the program knowing about it what they now know, 24 percent would have been less eager and 11 percent more eager to enter the program. Of those who would have been just as eager or more eager over 80 percent were respondents who did continue in the program. Eight of the 14 respondents who discontinued said they would be less eager, 5 would have been just as eager and 1 more eager to enroll in the program. Clearly, the students who remained in the program would be at least as eager, if not more eager, to enroll in the program knowing what they now know about it, but the group that discontinued showed more ambivalence as a group. If one collapses the just as eager and more eager categories, and if one of those who discontinued was less eager had said that he was just as eager to enroll, differences within the discontinued group would virtually be wiped out. It could be concluded then, that this question did not reveal anything significant about our groups, other than respondents in the program are generally satisfied with it.

When asked to explain why the respondent would be more, less or just as eager to enter the program knowing what he then did, there were fourteen distinct responses for which no meaningful system of categories could be developed. The students who would have been less eager to enroll were dissatisfied for one reason or another with their field placement and suggested that students should be given more choice as to where they would be placed for their practical experience; they were uncertain about job opportunities upon completion of the program, and felt that the program needed to be better coordinated. Students who discontinued and said that they would be just as eager to enroll in the program wanted to work with people, found the work at school to be difficult, the faculty to be competent and understanding. It seems, then, that more choice of field placement, assured job opportunities and better coordination might significantly reduce the rate of discontinuance.

Of the students who continued, mention was made of personal growth through the program, a feeling of satisfaction of needs and expectations (with special mention made of the advanced psychology and sociology courses), a desire to "do this kind of work" (with the mentally ill and retarded), and perhaps most importantly a feeling that the program provided good preparation for the field of Mental Health Work. The College had, apparently in the opinion of the respondents, done a good job in the construction of the curriculum. It might need to work more on coordination problems, and job development. It might also be concluded that, since at least 90 percent of both groups would recommend the program to someone else, feelings toward the program on the part of all respondents were generally positive. In terms of what factors respondents thought to be associated with success in the program, both groups agreed that character strengths and qualities associated with being therapeutic were most important. Character strengths included persistence, ability to work hard, maturity and ability to adjust. Strengths associated with being therapeutic included understanding, empathy, self awareness, ability to use self constructively, and patience.

When the questions of why a respondent discontinued and why respondents thought a person might not be successful were examined, divisions between and among groups began to emerge. Looking at the students who discontinued, it was found that ten out of fourteen did so in the first semester, and their reasons were about equally divided among the following: illness or personal reasons; dissatisfaction with the Mental Health Work Curriculum at the Community College of Philadelphia; and a feeling that the Associate degree in Mental Health Work would not meet their needs.

In relation to the general question of what factors the respondents felt were associated with a person's leaving the program, it was nearly impossible to categorize the answers in a meaningful manner so as to pick out groups of factors associated with continuance or discontinuance. Several approaches were tried but in each case it was found that the replies were so diverse that it was impossible to describe the results in more than an intuitive way. Since one half of the discontinued students in the sample transferred to other helping programs requiring higher

education, it is possible that at least for these people, the field of Mental Health Work was not what they wanted. The other half of this group which did not plan to re-enroll in any other program, had problems in adjustment. What is the evidence? In doing a content analysis of the answers to this question (asking what concepts appeared and how often) eighteen distinct responses were found. Adjustment difficulities were mentioned often, such as; "practicum was too shocking," "unable to accept responsibility," "insecure," "the work load was too heavy." Thirteen of the fourteen students who discontinued answered this question and it was found that each answer was different: the answers ranging from "frustration" (not having enough time to spend on each subject), to the subject who came in order to "meet new people" but found his peer relationships poor. It was found that the emphasis of the respondents who remained was first on the program needing to meet the needs of the students and secondly on the ability of the student to have empathy, to persevere and to work hard.

It seems that those who remained in the program were rather consistent about what they believed made a person successful or not successful in the program. Those who discontinued agreed among themselves and with the people who continued about the factors leading to success in the program, but they could not find agreement among themselves or with the group that remained as to why a person would discontinue.

Those students who continued in the program were asked if they had ever themselves thought of leaving, when and under what circumstances. Most students (nineteen) did not answer this question or simply said, "No." Most of those who did answer stated that they found the course work was hard, and there was a tendency to be nervous around the time of final examinations. It seemed that those students who remained in the program generally did not remember having second thoughts, and those who did think about leaving were having trouble with course work which they were apparently able to overcome.

Limits of the Study:

In doing this ex post facto, cross sectional study of the continuing and discontinuing students in the first class in the Mental Health Work curriculum at the Community College of Philadelphia, the research team was aware that there were many other approaches that might have been taken in this same study. However, since only the limited sample of an initial class was available, it was the choice of the team to do a broad descriptive study in a search for characteristics which might separate the continuing students from those who discontinued.

The research team was somewhat uncertain of how representative the sample was of the population. It was evident that they obtained a clearer picture of the students who continued in the program since 94 percent of this group returned their questionnaires. They were less certain of the generalizations made about the discontinuing students since only 64 percent of these subjects responded.

The procedure of the study was to look at each characteristic or variable independently of all other characteristics or variables. In retrospect, the research team concluded that they were not able to isolate characteristics that would differentiate between the two groups and for which motivation was neither an antecedent or intervening variable. For instance, the lack of academic preparation did not preclude a person being able to continue in the program. Note that 100 percent of the students who reported a Below C average during their senior year in high school continued in the program. Also, the fact that most subjects who needed two remedial courses were able to continue in the program. The original intent of the research team was to do some tests of significance and interaction, but they were unable to do so in the allotted time.

There was a limitation in the research team's method of defining discontinuance. Discontinuance, in fact, was used as discontinuance in this particular program and not discontinuance in any other educational procedure. This meant that there were two subgroups within the discontinuing segment of the sample: those who transferred to other programs of higher education (eight respondents out of fourteen) and those who did not transfer to any other programs of higher education (six respondents out of fourteen). Inspection of the questionnaire showed that there were differences in attitudinal and opinion responses between the two above-mentioned groups which were not analyzed due to the fact that provisions for differential analysis had not been made in the original proposal.

The research team had not anticipated that the difference within the group combined in the category of discontinuing students, namely those who disassociated themselves from further educational involvement and those who transferred to other programs, would be marked enough to require separate analysis.

Being an ex post facto study it was assumed that subjects were able to remember accurately their experiences prior to entry and during the program. The validity of the study is in direct proportion to the accuracy of the memory and honesty of the respondents in reporting. Attitudinal changes, resulting from exposure to the program could not be measured. A longitudinal study would seem to be most suitable for this purpose.

Finally, the confidence of the research team in the validity of the generalizations about the trends that they observed would have been stronger if the sample size had been larger.

Summary and Conclusions:

The sample was comprised predominantly of females. The greatest majority of students were between the ages of 17 and 20, and the range was from 17 to 49. They were not and had not been married, were caucasian, Roman Catholic or Jewish. Most students participated in religious services periodically. Only one student in the program lived outside the city of Philadelphia and there was a high degree of mobility in terms of change of residence. Despite the fact that students were young, most had been employed before entering the program.

Relatively few of the students had been involved in psychotherapy either before coming to school or during the academic year 1968-69, and few had had indirect experience through having a friend or family member treated for emotional illness. In the area of family background, the occupation of most students' fathers fell into either the unskilled or white collar categories and few had more than a high school education. Mothers of the students were predominantly housewives or skilled workers and few had more than a high school education. Most students had a place conducive to study at home and their studying there. Parents were the primary source of financing for both tuition and living expenses.

Educationally, the students were high school graduates who had majored in the General Course of study and reported a B or C average during their senior year of high school. The median grade achieved on the ACT required for admission to the College was closer to that expected for all high school seniors than that expected for college bound seniors. Mean grades achieved during the first year of their enrollment in the Mental Health Work Curriculum were significantly higher in specialized Mental Health Work courses and the Practicum than they were in general academic courses. Of those who took remedial work, most took two courses.

Most students had learned of the program from sources at the Community College of Philadelphia; during the admissions procedures they had been interviewed by the Mental Health Work Department and listed as their primary reason for entering Mental Health Work either that they wanted to help people or help emotionally disturbed people. A little more than half of the students expected to seek employment after obtaining the Associate Degree.

Students indicated that character strengths associated with success in the program were persistence, ability to work hard, maturity, ability to adjust, and strengths associated with being a therapeutic agent such as understanding, empathy, self awareness, ability to use self constructively and patience. Most students were very satisfied with the program.

After comparing those students who discontinued and those who continued on the variables chosen for scrutiny, the following emerged as variables more likely to be associated with the group which discontiued.

Students who discontinued were likely to be in the age category of seventeen to twenty years and single. Their professed religious faith was Roman Catholic or Jewish with no participation in religious activity. They were likely to have had no previous employment and to have changed their place of residency during the 1968-69 academic year. A relatively small percentage of the sample, and specifically of the discontinuing sub-group, had been involved in psychotherapy (only four individuals). Of these four subjects, three had been in treatment before and after they enrolled, and only one began treatment after enrollment.

It is particularly interesting to note that there are enough

indications which point to the fact that the students who discontinued were in a higher social bracket than those who continued. This fact emerges when one considers the higher occupational and educational levels of the parents of those students who did not remain in the program. It is interesting to note that, in spite of the social class factor, those students who did not remain in the program were more likely to lack a place conducive to study in their homes. Of course, because of the anonymity factor, it is impossible to determine whether these two factors were common to the same individuals. One would tend to assume that they were not since higher social class is generally associated with greater home comfort and larger family space. The discontinuing group tended to meet their tuition and living expenses from their parents' financial resources. This factor once again points toward a higher social and economic bracket. In terms of their educational background, the discontinuing students were likely to have majored in the General Course in high school and reported a C average for their senior year. Their academic achievement during the school year 1968-69 at the Community College of Philadelphia was considerably lower in specialized Mental Health Work courses and the Practicum than that found for students who remained.

Of those who took remedial work, they were more likely to have taken one course than two courses. They were likely to have learned of the program from their former school and to have been interviewed by the Mental Health Work Department. They were likely to have listed as their primary reason for entering the program that they wanted to help people or wanted to help emotionally disturbed people and have stated at the time of enrollment that they planned to seek employment after obtaining the associate degree.

Those characteristics given above do not mean that people with other characteristics did not also leave the program. The profile is based on the greatest percentage among the possible categories in any area. In such cases where percentages were very close, no characteristic is reported in the profile. It should also be born in mind that each variable in the study was analyzed independently of every other , and although the style of presentation for the profile could lead one to believe otherwise, no analysis of interaction was done.

The profiles that emerged as a result of the analysis of the data allow for several points of comparison with other programs. In spite of the fact that Purdue had a rather rigorous screening procedure for admission to the program, Purdue reported that 33.3 percent of the students originally enrolled had left the program by the end of the first year. Catonsville which operates on the basis of an open door policy similar to that used by the Community College of Philadelphia, reported an attrition rate of 31.7 percent at the end of the first year. The attrition rate for students at Community College of Philadelphia was 38.6 percent.

At first glance it would appear that the Community College of Philadelphia had a slightly higher rate than the similar program examined.

Again it should be mentioned that Purdue did have a rather rigorous screening procedure and we do not know if they excluded from the number of students who discontinued those students who transferred to four year programs or to other two year programs at the University. Our understanding is that students who transferred to other curricula within the College were not included in the attrition rate given by Catonsville. Considering the fact that 2 students in our sample who left the program transferred to 4 year colleges, 5 students transferred to other areas of study within the Community College of Philadelphia and one student transferred to another 2 year technical program, it is conceivable that the rate of discontinuance was considerably lower at the Community College of Philadelphia. No definite answer can be given to the question since the exact status of the eight discontinuing students who did not respond to our questionnaire is not known.

The research team had hoped to be able to make a comparison with the Purdue program's most important finding associated with discontinuing in the program for females--namely marriage. The analysis of the data received from the sample revealed that only one student married during the course of the study making a similar conclusion invalid. Three other points of comparison warrant mentioning. Catonsville reported an attrition rate of 80 percent for males. Although not all the students who discontinued responded to requests for information, there are indications that males represented a much more stable group at Community College of Philadelphia than they did at Purdue, and they may have been as stable a group as their female counterparts.

The Rioch Project, although a very different program, excluded females with preschool children. Our findings indicate there is no basis for doing so in programs such as that existing at the Community College of Philadelphia.

Larson, Bible and Folk (1969) report that, in a new careers training program, non-whites were more likely to leave than whites. On the basis of information emerging from our data, non-whites were more likely to remain.

Finally, limiting ourselves to looking at our own sample and recalling the limits of the study, it is difficult to extrapolate any single variable as being singularly important without considering it in interaction with other variables. Reaching definitive conclusions is further complicated by the fact that although certain characteristics did reveal themselves as being in some way associated with discontinuance there were students with these same characteristics who remained in the program. Although not based on scientific study at this point, one senses that much the same would be true even if considerations of interaction had taken place. This very fact seems to indicate a need for further studies of motivational factors for entering the career and the strength of those motivations. Certainly the results of this study provide information which points in that direction. Many of the variables were examined because they were thought to be possible areas of stress that would contribute to a student's leaving, and yet in each case there were students who remained in the curriculum. Not to be ignored either

is the fact that students who reported below a C average in high school (and generally considered to be very poor risks) did not prove to be as great a risk as did some other students.

Although as already pointed out, studies of interaction would give clearer causal associations between given characteristics of students and continuance or discontinuance in the program, application of such causal relationships to admission criteria might not always be feasible. The results of this study, and that of future correlational investigations will be, in many instances, only applicable and helpful in determining where to direct recruitment efforts. It must be seriously questioned whether attracting students who may possess all or most of the significant characteristics associated with continuance will necessarily decrease the attrition rate. It must also be recognized that human behavior is purposeful, and to a great extent, oriented to the meeting of inner needs. Whether the curriculum meets a student's needs and expectations might be just as crucial a factor as whether he possesses certain given characteristics.

The most important finding of this study relevant to recruitment would be that which emerged from the analysis of the age of the students, namely, the fact that attrition rate decreases as age increases. It may be fruitful to concentrate on older housewives, or persons who have been out of high school for a while and have had some employment experience.

This study has provided material from which variables for studies of correlation and interaction can be extracted. It is hoped that, as the search for the type of student who possesses those characteristics which enhance his chances for success in the curriculum continues, researchers will find this material useful.

Low-Income Students

One of the objectives of this program has been the introduction of low-income urban residents into mental health careers. To assist in the accomplishment of this goal, NIMH made available 23 training stipends for the academic year 1969-70 and 27 for the 1970-71 year. These stipends were each worth $425 and could be used singly or in combination with funds from other sources to support low-income students during part or all of their time in the program. A few students (4) received half-stipends, representing one semester's enrollment in the program. These included persons who dropped out of the program and others who picked up the unused balance of the stipends awarded to "drop-outs". Some students (7) received stipends during the two years of their enrollment in the program. The majority of recepients (41) received a stipend during one academic year only.

Of the total of 45 persons who received stipends, only 8 have dropped out of the program and one of these eight has applied for readmission;

10 graduated in May 1970; 13 graduated in June 1971; and 14 remain in the program with the expectation of graduating in May 1972.

Of the 10 stipend recipients who graduated in 1970, five have already completed the junior year of a B.S.program in Mental Health Technology offered by Hahnemann Medical College of Philadelphia. Four are employed as Mental Health Workers in the Philadelphia area and one has married and moved to New York. At last report she was employed as a secretary having been unsuccessful in finding mental health-related employment in New York City.

Of the thirteen who graduated in June 1971, two have been accepted by Hahnemann Medical College's B.S. program in Mental Health Technology and two have been accepted by Temple University--one will major in Social Welfare, the other in Sociology. One has applied to the University of Illinois for admission to its program in Special Education. One is moving to the Boston area and another to Atlantic City, New Jersey, where they intend to seek employment as Mental Health Workers. Three have already secured employment as Mental Health Workers in the Philadelphia area and the remaining three are presently seeking such positions in this area.

The majority of those graduates who are presently enrolled or about to enter four-year colleges have full-time or part-time positions as Mental Health Workers.

One of the stipend recipients who graduated in 1970 received a scholarship to Hahnemann Medical College. A recipient who graduated in 1971 received an honorable mention in the Ford Foundation's national scholarship competition for graduates of two-year colleges who plan to continue their studies toward the bachelor's degree in senior colleges and universities.

It is noteworthy that, although stipends were awarded purely on the basis of need and not at all on the basis of academic performance or potentiality, recipients demonstrated a much higher rate of overall retention in the program (approximately 85 percent) than was true for the total program population (59 percent averaged over three years) and for the College as a whole (less than 50 percent) and, consequently, experienced a significantly high rate of success in the program. While the small amounts of money involved would lead one to doubt that the stipends would seriously affect continuance or discontinuance in the program--no one received more than $425 per year for two years and the majority received $425 for one year only-- the results would suggest that even small financial grants, together with whatever psychological support may have been associated with them, might have been sufficient to weigh the balance, in some cases, between continuance and discontinuance and consequently, success and failure, in the program.

The significance of financial and psychological support seems to be confirmed by the success of other students who were supported by

government agencies or employers during their enrollment in the program.

Two members of the first class were referred to the program and supported throughout their enrollment by the Pennsylvania Bureau of Vocational Rehabilitation. Both graduated in May 1970 and secured employment as mental health workers. One was admitted to and has completed the junior year of the bachelor's degree program in mental health technology offered by Hahnemann College.

Another member of the first class was referred to the program by the Work Incentive Program (WIN) of the Philadelphia County Board of Assistance. This "welfare mother" received financial support for herself and her five children, day care for her youngest children, and educational and travel expenses. She graduated in June 1971 and was in full-time employment as a mental health worker by that time. She plans to go on to further education.

A fourth member of the first class was a full-time employee of a local community mental health center. He had been employed as an indigenous nonprofessional aide. He was maintained on full salary with a flexible work schedule while enrolled in the Community College program. He graduated in May 1970 and has now completed the junior year of Hahnemann's bachelor's degree program. Throughout his educational experience he has been retained as a full-time employee of the community mental health center. He has received promotions and corresponding salary increases.

One member of the second class of students entering the program was referred by the Bureau of Vocational Rehabilitation. She graduated in June 1971 and hopes to enter Temple University in the Fall to major in Psychology.

The Selection Process

During the first two years of the program, efforts were made to screen applicants and select those candidates who seemed most likely to be successful in the program. Applicants were interviewed by the program director and members of the mental health faculty who sought to evaluate candidates on the basis of certain empiric and impressionistic characteristics which were felt to be associated with success in the helping professions.

Recurring experience with "excellent" candidates who failed and "poor risks" who ended up in the top quarter of the class forced the faculty to conclude that their screening methods were far from satisfactory. The Bryn Mawr College study (Brawley et al, 1970) tended to confirm a growing belief in "the importance of motivational factors" in success. "What an individual expects of the program and to what extent the program satisfies a student's inner needs" were cited as significant factors.

The following admission procedure was adopted for the third entering class. Each applicant was invited to an orientation meeting which was attended by 8-12 applicants, one or two faculty members and two second-

year students. During the course of each meeting an effort was made by the faculty members and second-year students to present as clear a picture as possible of what was involved in the program and in the field of mental health generally. Applicants were encouraged to participate as actively as possible by asking questions and by discussing their expectations of the program and their career goals. This process enabled applicants to correct erroneous ideas about the program and many reconsidered their plans and withdrew their application or opted for other programs within the College. Those who decided, after attending an orientation meeting, that they still wanted to be mental health workers were accepted.

The faculty members who attended these meetings were ready to identify individuals who had gross problems which would affect their ability to function as mental health workers. Such individuals, had there been any, would have been counseled accordingly. This was the only exception to what was otherwise a self-screening process.

If community college programs are going to provide access to higher education and to careers in mental health work, care must be taken to ensure that inappropriate barriers to entry are not created. While it is in everyone's best interests to admit students who are likely to be successful, in view of the existing state of knowledge on the subject, we need to weigh carefully our ability to make predictions at the point of admission about which students will be successful and which will be unsuccessful.

CHAPTER IV

GRADUATES

Employment of Graduates

A survey of the first graduating class, taken at the time of their graduation in May 1970, revealed that, of the 27 students who graduated, 11 were employed in community mental health centers and 5 were employed in other kinds of mental health services in the Philadelphia area, either before or within one month of graduation. Another four graduates expected to be employed in community mental health centers by August 1. (They were awaiting the implementation of newly-funded programs.) None of the remaining graduates was seeking employment in local mental health services at that time. Three were taking summer-long vacations; one had applied for admission to the Philadelphia Police Academy; one was marrying in June and moving to New York City; another was marrying in June and postponing her entry into the job market; and one was continuing her studies on a full-time basis.

Six members of this first class of mental health work students had failed to meet the requirements for graduation in May 1970 due to a variety of reasons, including the need for remedial courses, reduced course loads on account of family pressures, repeating failed courses, and, in once case, pregnancy leave for one semester. Two of these six students had secured full-time employment in Philadelphia community mental health centers and another hoped to have a job by August 1. The remaining three were continuing their studies on a full-time basis.

All graduates or near-graduates who were employed in community mental health centers had the title of "Mental Health Worker". Within the nine different centers in which they were employed they carried a variety of roles in such areas as Emergency Service, After-Care, Community Activities, Day Hospital, Out-Patient Unit, and Children's Service. All were receiving beginning annual salaries between $5200 and $7000. Those few persons who were employed in organizations other than community mental health centers had jobs as counselors, houseparents or community workers and their salaries tended to be somewhat lower. See Appendix E for a listing of mental health agencies whic employed 1970 graduates of the program.

In early 1971 a group of students from Bryn Mawr College Graduate Department of Social Work and Social Research undertook a follow-up study of the first graduating class of mental health workers.

Their study attempted to identify the positions which graduates had obtained, their roles and function, their relationships with the professional staff in their place of employment, and the opportunities which existed for career advancement. The following information is based on the report of their findings (Brooks, Craig and Cromwell, 1971).

The research team interviewed 24 of the 27 1970 graduates of the program, 19 of whom were employed in mental health settings. Two were unemployed and three were employed in non-mental health settings. The research team also interviewed the supervisors of all graduates employed in mental health settings.

The sample was comprised of 24 members of the 1970 graduating class. Their ages ranged from 20 to 50 years. The majority were aged between 20 and 25 years; four fell within the 26-30 age bracket; and two were aged between 41 and 52. Three-quarters of the sample were female. Two-thirds of the sample were white and one-third was Black.

The study focused on those graduates who were currently working in mental health settings and this represented 19 of the 24 graduates interviewed.

Three graduates were unable to obtain employment in mental health services despite the fact that they made strenuous efforts to secure such employment. All three applied to organizations which had hired other graduates but they were informed that lack of funds precluded the hiring of additional workers. They also applied for positions in a variety of other settings but they were generally informed that funds were not available or they were not qualified for the positions which were open. All of these graduates expressed bitterness at not having the opportunity to utilize their training.

Graduates reported that they learned about job opportunities in a number of ways. The majority were referred to prospective employers by the mental health program faculty or the College placement service. The remainder obtained jobs through personal contacts with organizations, usually as a result of field placement in a particular setting.

There does not appear to be any formal recruitment procedure established for associate-degree mental health workers and only one graduate learned of a job opening through the news media.

The application procedure is also quite informal. No graduate was required to take a written examiniation for a position. Most were hired on the basis of a written application and one or more personal interviews.

The study revealed the various tasks which graduates were performing, as reported by the graduates themselves and by their supervisors. See Appendix E for details. In essence, the graduates appeared to be utilizing their acquired knowledge and skills. All of them reported that they were involved in direct therapeutic relationships with patients.

Ninety-five percent of their supervisors confirmed that engagement in individual therapy was an integral part of the graduates' job role.

Supervisors expressed a high degree of satisfaction with graduates' job performance. One-third of the supervisors had made more difficult task assignments after assessing graduates' beginning capabilities, seeing that graduates had the skills necessary to carry out these new assignments with competence. Supervisors indicated that none of their supervisees had been given assignments which they were unable to perform. The responses of all but one of the graduates confirmed this fact. One graduate was reluctant to confirm this statement since he was currently involved in a learning process which required the mastery of more highly developed skills.

When asked if the mental health worker's role had been clearly defined by the agency or the supervisor, half of the graduates responded negatively. There was a feeling among these individuals that the agency had not properly defined the role and, therefore, the supervisor was unclear about this issue. Nevertheless, graduates seemed to be certain that there was a definite need for mental health workers in their particular agencies, even though his role or position on the treatment team had not been defined.

Although the majority of supervisors indicated that graduates were subject to a period of probation, ranging from three to nine months after initial appointment, most graduates were not aware of this fact.

The majority of graduates are evaluated by their supervisors every three months and all supervisors indicated that they discuss their evaluations with their supervisees. These evaluations do not necessarily coincide with the ending of the probationary period.

Most of the graduates seemed to feel that their training at Community College of Philadelphia had prepared them for all of the tasks which they were performing on their jobs. The practicum and the specialized mental health work courses were about equally rated as the most valuable components of the Mental Health Work Curriculum.

Several supervisors expressed the opinion that the College should offer more courses which would prepare graduates to do individual therapy.

The study revealed that graduates were being supervised by a diverse group of mental health professionals who occupied a variety of administrative positions. The disciplines represented were psychiatry, clinical psychology, social work, vocational rehabilitation, and nursing. Most were social workers and the majority occupied positions as directors of services or departments. Only one supervisor had less than a master's degree.

All of the graduates expressed a preference for the title, "mental health worker", and a resentment of such designations as "nonprofessional", "paraprofessional", "subprofessional" or "aide". Despite their objections, about one-third of the sample reported that their professional associates referred to them by the latter designations. Slightly more than one-third were referred to by the preferred term "mental health worker" and the remainder had a variety of titles, including "casework assistant" and "therapist".

In most settings, the graduates had been integrated into the daily operations of the staff. They attended all meetings related to the services which they provided and, for the most part, they were encouraged to speak freely. They did not attend meetings of the administrative staff.

In general, the graduates appeared to have good working relationships with members of the professional staff. They worked collaboratively with the professional staff and felt comfortable with them. They indicated that professionals consulted with them on a regular basis and requested their advice at times.

Supervisors indicated that they were favorably impressed with the job performance of graduates of the program. Two-thirds of them were of the opinion that a person with less than an associate degree could not perform the job as adequately. The remaining one-third who thought that a less qualified person could do the job made several qualifications. Some stated that a person with less formal training could perform adequately if he received intensive supervision and/or extensive in-service training. Others felt that those with less education could handle the job adequately but with less understanding and insight.

When the question of career advancement was examined, it appeared that only half of the graduates were employed in positions which provided automatic promotion to a higher position without additional formal education. Only half of those who would be automatically promoted would experience an increase in responsibility.

Only two employers provided in-service training programs which qualified mental health workers for job promotion; the majority provided in-service training which did not necessarily lead to promotion. However, two-thirds of the employing agencies provided "time-off" for further education and most of these agencies reimbursed employees, partially or in full, for educational expenses.

The majority of graduates expressed satisfaction with their jobs, citing the following reasons: flexibility of assignments, opportunities to provide therapeutic services to clients on an individual basis; freedom from strict supervision; and opportunities to utilize group work skills. Their high level of job satisfaction is reflected in the fact that all but two of the graduates were definite about remaining in the field of mental health. The remaining two were dissatisfied and undecided about their future plans. One was dissatisfied because he

was not recognized as a mental health worker and tended to be used as a nurse. The other disliked working with chronically ill and elderly patients which his present job involved.

The grest majority of the graduates interviewed planned to seek further formal training in mental health work. The most frequent reasons given were: a desire to increase earning potential, the influcence of College faculty and mental health practitioners at their agencies, and career aspirations in mental health. Some expressed a desire to work with patients on a higher level then their present education permitted. Others had career aspirations in other fields.

Ten of the graduates were already enrolled in programs leading to a bachelor's degree. All but one (who was in elementary education at Temple University) were enrolled in the mental health technology program offered by Hahnemann Medical College in Philadelphia.

Summary:

The findings of this follow-up study indicate that the majority of the mental health workers who graduated in May 1970 were employed in local mental health centers approximately nine months later. Community mental health centers seemed to be the most common source of employment for graduates and this suggests that these new facilities are more receptive to new sources of manpower or, at any rate, more flexible in their hiring and manpower utilization practices than the more traditional mental health organizations. Since the State of Pennsylvania had not yet developed a civil service classification for the associate-degree mental health worker, no graduates were able to obtain employment in State institutions.

Salaries of graduates ranged from $5200 to $7200 per year, with the average around $6500.

The job performance of graduates was generally considered to be good and their supervisors were favorably impressed. Supervisors found the graduates to be more proficient in the performance of their duties than persons who had not been enrolled in the program and it was their feeling that the introduction of associate-degree mental health workers had resulted in an improvement in the utilization of professional resources.

The majority of graduates felt that they had received adequate preparation for the tasks which they were expected to perform. However, many of them felt that they could have benefitted from additional training in some specialized areas. The specialized mental health courses and the practicum were considered to be the most helpful components of the Community College program.

In general, the supervisors of the graduates were on the higher staff levels. Many of them were directors of the department or units in which the graduates worked. This may have contributed to the relative autonomy which the graduates enjoyed in the performance of their duties. Many of the graduates made special reference to the freedom and independence which they enjoyed.

Most of the graduates applied to those agencies which were their former field placements or to other agencies which had participated in the training program and the majority were hired by those agencies which had an affiliation with the College.

Based on their findings, the research team concluded that the number of mental health positions which would be available to students graduating in 1971 would be severely limited unless the State established a civil service classification for the associate-degree mental health worker.

Half of the graduates indicated that they did not receive automatic promotion to higher salaried positions. In-service training programs provided by some employers were generally not for the purpose of preparing workers for advancement. However, two-thirds of the agencies did make some provision for graduates to pursue further formal education which would lead to job advancement.

All of the graduates expressed a preference for the title, "mental health worker". Most objected to the terms "paraprofessional", "nonprofessional", "subprofessional" and "aide" on the grounds that these terms did not reflect the extensive training and degree of expertise which they had achieved in mental health work. Despite the graduates' objections, many professionals continued to refer to them with terms which imply less than professional status. However, most of the graduates had a good rapport with their professional colleagues and they were included in all staff activities related to their service. Professional resistance to the use of community college graduates was much less than the research team had anticipated, although the lack of promotional opportunities for graduates may reflect some covert resistance. The fact that all but two of the graduates felt a need for further formal education may also be indicative of the limited opportunities for career advancement available to associate-degree mental health workers.

. . . . . .

Just prior to the June 1971 graduation date a survey was taken of the 34 members of the second class of mental health work students. Twenty-seven of these students actually graduated in June 1971; the remaining 7 required additional courses for graduation.

The survey revealed that eleven students had already secured mental health positions in the Philadelphia area. (See Appendix G for list of employing agencies.) Their jobs were similar to those obtained by the first graduating class. They were primarily in community mental health centers and the salaries ranged from $5200 to $7200 with the majority around $6500.

Thirteen members of the class were not actively seeking employment primarily because they were continuing their studies on a full-time basis at Community College of Philadelphia in order to complete graduation requirements or to prepare for entry into four-year colleges. Two were going to Europe for the summer. One student planned to move to Massachusetts after graduation and another planned to move to New Jersey. Eight students were actively seeking mental health employment in the Philadelphia area and, although it was anticipated that they would all eventually be absorbed into the local mental health services, it was plain that there would not be an abundance of job openings.

While it is clear that there is a continuing need for new kinds of personnel in the local mental health services and it is equally apparent that graduates of the Community College of Philadelphia Mental Health Work Curriculum have achieved wide acceptance by the local mental health professionals, the current fiscal difficulties which all mental health facilities are experiencing are severely limiting the development of actual job openings.

Transfer to Four-Year Colleges

In September 1969, Hahnemann College of Allied Health Sciences in Philadelphia introduced a bachelor's degree program in mental health technology. This program recruits persons who have completed two years of college and provides intensive training in various fields of specialization in mental health.

Eight members of the first graduating class of Community College of Philadelphia's Mental Health Work Curriculum entered the Hahnemann program in September 1970 and they expect to graduate with a Bachelor of Science degree in June 1972. Two other members of the first graduating class will enter Hahnemann's program in September 1971 and several others plan to apply for admission at later dates.

One member of the first graduating class is enrolled in Temple University, majoring in Elementary Education, and another is a student at the University of New Mexico, majoring in Psychology.

A survey of the second graduating class, taken just prior to graduation in June 1971, revealed the following information about students' plans for transfer to four-year colleges.

Three students had been accepted by Hahnemann's bachelor's degree program in Mental Health Technology; one had been accepted by Temple University (Sociology); one had been accepted by Northeastern University (Psychology); and one had been accepted by the University of Virginia (Psychology). Four other students had submitted applications to Temple University, the University of Illinois, West Chester (Pennsylvania) State College, and the University of Pittsburgh and were awaiting notification of acceptance.

In all cases of transfer to four-year institutions, students were admitted with "junior" standing. In most cases they received credit by the senior institution for all courses taken for the associate degree. Graduates of this program, like graduates of community colleges in general, appear to be viewed by senior institutions as desirable candidates for admission. Furthermore, the senior colleges seem to be more concerned with an applicant's academic performance in the community college than with the particular package of courses which the applicant may have taken at the associate-degree level.

The first graduating class of mental health workers felt somewhat constrained to apply to Hahnemann College's mental health program since they felt that they would be more likely to receive credit for their specialized mental health courses in that program. However, it has become apparent that many four-year colleges are prepared to be flexible in their transfer requirements and this has encouraged graduates to broaden their view of the options which are available to them in higher education.

CHAPTER V

PROGRAM EVALUATION

Internal Assessment

As noted earlier in this report, Community College of Philadelphia was unable to allocate resources to the conduct of formal research studies in relation to the Mental Health Work program. This fact was determined by a shortage of funds and a decision to devote available resources to the instructional and administrative components of the program.

In the absence of a formal research design which might have required a fairly constant program structure during the demonstration period, it was possible for the program director and faculty to adopt a flexible and adaptive approach to program functioning. An effort was made to establish an ongoing monitoring process, based on open communication among all program participants, which would facilitate program modifications as soon as changes were indicated.

Within individual courses, instructors built in various mechanisms designed to provide feedback from students on the appropriateness and usefulness of course content and instructional methods. In relation to total program performance, a number of methods were used to monitor its functioning. Weekly informal meetings attended by the program director, faculty, and students were found to be useful in facilitating communication and identifying problem areas. Periodic meetings with field supervisors provided opportunities for communication among agency personnel, as well as providing feedback to the faculty about the effectiveness of the program in preparing students for actual practice. Frequent contact between individual field supervisors and program faculty was an integral part of the practicum. This not only proved to be a crucial part of the educational process, it served a useful monitoring function. Meetings of the Advisory Committee - which were attended by Committee members, College administrators, faculty and students - were concerned with various aspects of program evaluation.

An early modification of the program involved the elimination of the course "Seminar in Working with the Exceptional Child" since it was felt by all concerned that the purposes of this course would be served by two other existing program components-the course, "The Psychology of the Exceptional Child" and the seminar related to "The Practicum in Mental Health Work". "Child Psychology" was substituted for the deleted course. The hours per week in field placement during the regular school year were increased from four to six, since this was considered to be the minimum time necessary for a sound practicum. A seminar, not in the original design, was incorporated with the summer practicum which takes place between the first and second years of the program. This seminar was designed to ensure that the summer practicum would have an educational focus.

A fairly intensive evaluation process was initiated toward the end of the second year of program operation. This process, involving formal deliberations by the Advisory Committee, by College administrators and faculty and by students in the program resulted in some major program revisions. These revisions were generally intended to make the program more efficient in accomplishing its objectives and more responsive to individual student interests and needs.

As far as could be judged at the time of review the program was proving to be quite effective in meeting its stated goals. The recommendations for change reflected a consensus of opinion that these same goals could be met more efficiently and with greater flexibility.

The program was heavy in support courses in the social and behavioral sciences. While all of these courses might have value for certain students interested in special areas, it was felt that they should not be required of all students. For example, Child Psychology and Psychology of the Exceptional Child would not be necessary for the student planning to seek employment in a geriatric setting.

There was some duplication in course content between the specialized Mental Health Work courses and other courses such as Developmental Psychology and Personality and Adjustment. If student time and College resources were to be utilized efficiently, areas of overlap needed to be eliminated.

It was felt that courses in Biology (Anatomy and Physiology) were of limited value to mental health workers in community-oriented mental health services which did not utilize the medical model of treatment. Therefore, it was recommended that courses in Biology should not be requirements for graduation. However, they would still be available, as electives, to students intending to seek employment in medically-oriented services and courses in General Biology would be available to those students who wished to take a laboratory science for the purposes of general education or transfer to four-year colleges.

The elimination of courses which were previously required for graduation made it possible to open up the second year of the program to elective courses which could be general or specialized in nature. These elective courses enable students, within limitations, to pursue areas of individual interest, to better prepare for employment in specialized fields, or to facilitate their transfer to four-year colleges. (See Appendix F for the revised Curriculum.)

It is not assumed that any modification of the program will result in a design which will ever be final. Therefore, the process of internal assessment is continuing.

External Research and Evaluation

The implementation of a research project which could, in any way, measure program effectiveness was beyond the means of the College. A classical research design--utilizing pre-tests and post-tests and experimental and control groups--would not only have been prohibitive in terms of cost, it would also have been in conflict with the flexible and adaptive approach which was considered to be necessary for optimum program functioning. Program participants were reluctant to hold still for measurement. Even a sophisticated level of action research was beyond the scope of the College resources.

In order to supplement its own limited data collection procedures and to generate as much descriptive and evaluative information as possible, the College encouraged interested groups, outside of the College, to undertake studies of various aspects of the Mental Health Work program.

During the 1969-70 academic year, four students from Bryn Mawr College Graduate Department of Social Work and Social Research carried out a study of the characteristics of students enrolled in the program. Their report, entitled "A Descriptive Study of the Initial Class of Mental Health Work Students at the Community College of Philadelphia" (Brawley et al, 1970) contained an excellent review of the literature pertinent to associate degree programs in mental health work and it presented a fairly comprehensive picture of the student population in the program at Community College of Philadelphia. The report compared the characteristics of those students who "dropped out" of the program during the first year with the characteristics of those students who remained in the program. Some interesting differences between the "drop-out" and continuing groups were identified which have some relevance for recruitment efforts and selection processes. Data from this study are incorporated elsewhere in this report (supra pp. 1-19 and pp. 34-55).

In October 1969, at the request of the College, the Mental Health Association of Southeastern Pennsylvania undertook an evaluative study of the program. The task of the Association was to determine if the objectives of the program were being met. The Association has an interest in all programs designed to improve mental health services in Southeastern Pennsylvania and, for this reason, agreed to undertake the study.

The Association used several procedures to collect the data utilized in the study. Most of the information on which its conclusions and recommendations were based was collected through interviews with field supervisors and staff of mental health facilities which provide field work experiences for mental health work students. Ten supervisors in six facilities were interviewed. All of the materials and records used in the administration of the program were reviewed, analyzed and evaluated. These materials included records of Advisory Committee meetings, written objectives and historical background of the program,

and the syllabus of each course offered under the auspices of the program. The program director was interviewed on several occasions in order to gain more insight into the mechanics of the various phases of the program. Representatives of the Association monitored several classes at the College and they talked with the students on three scheduled visits.

After carefully reviewing the purposes of the program and evaluating its actual operation, the Association concluded that it could effectively achieve its purposes as it was then organized. This was a judgment shared by experts in mental health centers throughout the Greater Philadelphia area with whom the Association had discussed the program. A number of critical areas were identified which the Association felt needed consideration. A need was indicated for the establishment of formal mechanisms for student participation in decision-making in relation to program activities. There was also a need, in the Association's view, for even closer collaboration between the program faculty and mental health agency personnel than presently existed and greater support for students during their early experiences in the practicum was indicated. This was connected to the Association's concern about the lack of clarity about appropriate role definitions for the associate-degree mental health worker. The absence of established job categories for graduates of the program was also a matter of concern.

The Association noted that some other problems encountered in the early stages of the program would disappear with the program revisions projected for the fall of 1970. It was felt that these revisions would represent a big step toward the expansion and improvement of the total program and the Association endorsed them.

During the 1970-71 academic year, three students from Bryn Mawr College Graduate Department of Social Work and Social Research undertook a follow-up study of the first graduating class of the program. (Brooks, Craig and Cromwell, 1971). The findings of this study which are reported more fully elsewhere in this report (supra pp. 60-65) revealed that the majority of graduates were employed locally as mental health workers. They were earning good salaries and were well accepted by the mental health professionals in their places of employment. Their supervisors were favorably impressed by their job performance which was judged to be superior to that demonstrated by persons with less formal training. The graduates generally considered the training which they had received in the program adequate preparation for the tasks which they were performing. The practicum and the specialized mental health work courses were judged by graduates to be the most valuable components of the program. Three graduates had been unable to secure employment in mental health settings. This seemed to be due to lack of funds rather than lack of acceptance of the graduates.

The follow-up study of graduates revealed that all but two of them were currently enrolled in four-year college programs or were planning to enter such programs within the near future. The research

team concluded that this fact was associated with a perceived lack of opportunities for career advancement for associate-degree mental health workers.

The Research Department of Hahnemann Community Mental Health Center administered two test instruments to students upon their entry into the program and at the end of the first and second years. These instruments--the Locus of Control (Rotter, 1966) and the Semantic Differential (Osgood, Succi and Tannenbaum, 1958)--were used to determine if changes in self and role-perception occurred during enrollment in the program and to determine if these changes were associated with success or failure in the program. Analysis of the data collected has not yet been completed but preliminary findings indicate that possibly significant changes in self-perception and self-evaluation occurred during enrollment in the program. The changes appeared to reflect, in general, perceived achievement of personal life goals and increased identification with the mental health worker role.

CHAPTER VI

CONCLUSIONS

General Considerations

This program has sought to prepare graduates for full participation in the provision of therapeutic services to people. While no attempt has been made to produce "professionals" in the accepted sense of the word, there is a rejection of the notion that graduates of the program will be something less than professional. There is also a refusal to adopt a narrow definition of the learning experiences to which students might appropriately be exposed.

Experience with students in this program has caused faculty to conclude that there is very little which cannot be taught, with professional and intellectual integrity, to community college students. Decisions about what to offer students by way of learning experience, therefore, tend to be based on what will be most useful for them to learn in the time which is available. It appears that all of the basic knowledge, skill and value components of practice in the mental health professions can and should begin to be taught at the associate degree level. The program faculty have concluded that to do less than this would result in the production of graduates with a collection of disconnected pieces of knowledge, a few sterile techniques, and little sense of the purpose of their activities.

Granted that a community college program in mental health work cannot aspire to produce full-fledged professionals--time itself precludes such a possiblility--this fact alone does not mean that students should be offered less than they can actually learn. Perhaps because the program was developed and implemented as a multidisciplinary undertaking without any single professional group able to assume control, commitment to any circumscribed definition of what might appropriately be taught to community college students was avoided. The lack of established role definitions and the willingness of many professionals in the field to give students the opportunity to demonstrate their capabilities, of course, contributed enormously to this situation.

There was an underlying program philosophy that all socially responsible education should be committed to the improved functioning of social institutions. If the program and its graduates were to help make mental health services more responsive to human needs--and many students had a valuable perspective on this issue--it would be inappropriate and irresponsible of the program to produce graduates who would adopt an unquestioning stance in relation to existing institutional arrangements and practices. This philosophy reflected a belief that value questions cannot be separated from any activity in the human services and led logically to the rejection of the notion that the program should be producing a technician, defined as a value-free performer of prescribed tasks. Students were encouraged to formulate judgments about situations and needs and to subject these judgments to the scrutiny of others. Responsible questioning by students of

Current practices was encouraged on the grounds that knowledge and judgment could only be satisfactorily developed in this way and also because the withholding of opinions and questions is essentially a disservice to the individual or organization in question. Responsible questioning need not negate recognition of and respect for the dignity, knowledge, and expertise of others; nor need it deny the strengths inherent in existing practices or institutions. What it does deny is that any institutional or professional group or any individual has knowledge expertise, or status which places it beyond the reach of responsible challenge.

This stance carries implications for both students and faculty. Students have to be clear about the difference between constructive and destructive criticism and between responsible and irresponsible challenge. They also have to know that they must take responsibility for their actions. When a student acts in accord with all of these caveats, the faculty must give him unequivocal support.

The production of a mental health worker who did not perceive himself as an aide or assistant to the established professionals, who had been exposed to experiential and conceptual content which is commonly considered to be within the realm of professional education, and who was not prepared to accept the technician role carried many potential dangers. The most obvious danger was that such a person would be unacceptable to the established professions on one of two possible counts: 1) the activities of the mental health worker could be perceived as an encroachment on the territory of the professional, or 2) the mental health worker could be perceived to be engaged in activities for which he did not have the necessary competence. Fortunately, neither of these dangers became a reality. Graduates of the program are apparently being permitted to utilize their skills and knowledge to the full and, in so doing, they are being well accepted by their professional associates. There is no indication that they are perceived by professionals to have an unrealistic opinion of their competence.

While individual professionals have proven to be remarkably and commendably open to the new mental health workers and appear to be interested in utilizing their full contribution to the mental health team, institutional response to the new worker has been less accommodating. Hadley, True and Kepes (1970) have noted that it is much simpler to establish job classifications for assistants or aides who will do narrowly prescribed tasks than it is to establish a job classification for the mental health generalist. This has certainly been true in the Philadelphia area. Graduates of the program are being hired and apparently they are being appropriately utilized, but established job categories have not yet been developed. The State Civil Service Commission has labored over the problem of defining a mental health worker series for well-nigh two years without resolving the issues encountered when one attempts to define what people with

different levels of formal education can or should do. These deliberations are expected to bear fruit sometime this year and it will be interesting to see if the State's job classification for the associate degree mental health worker corresponds to the abilities of the graduates of the program. There is no guarantee that there will be a close correspondence, since regretably program faculty were only peripherally involved in the process of developing the Civil Service classification.

The tendency for a high percentage of graduates of the program to proceed immediately or relatively quickly to higher levels of education has profound implications for manpower development and utilization in mental health. Two explanations of this phenomena have been put forward by research teams which have studied the program. Brawley et al (1970) found that those students who were likely to succeed in this program were also likely to include additional formal education in their career plans. Those students who entered the program with the primary purpose of securing employment in the field of mental health were more likely to drop out. Motivation was considered to be a crucial variable between these two groups and this poses a critical question for the program. Should it seek to attract "less motivated" students who are interested primarily in middle-level positions in mental health work but who are also poorer risks in terms of their likelihood of completing the program? Alternatively, should it seek "highly motivated" students who are likely to complete the program but who are unlikely to enter or remain long in middle-level mental health positions? Currently, the latter view seems to be in the ascendency, the rationale being that, the great majority of graduates are, in fact, employed in mental health jobs and, regardless of their educational plans, they intend to remain in the field of mental health. This means that, while the program may not be producing graduates who will form a stable cadre of middle-level personnel for the local services, it is producing graduates who will make contributions to the field of mental health at different levels and at different times. That is, it is contributing to the pool of actual and potential personnel for the mental health services. Of course, if the quantity of mental health manpower which can be produced by the higher levels of education is finite, and presumably it is, graduates of the program who progress to those levels will simply be displacing candidates from other sources, with no net gain to the field in terms of total numbers.

The other explanation for the tendency of graduates of the program to progress quickly to higher levels of education was offered by Brooks, Cromwell, and Craig (1971). These researchers suggested that a perceived lack of opportunity for career advancement for associate degree mental health workers and an actual shortage of job openings for them was forcing graduates to look to further education to meet their needs. There is considerable evidence to support this point of view. It will be interesting to see whether or not a large proportion of graduates continue to proceed quickly to further education once the local job market for associate-degree mental health workers expands and

the State's career ladder is fully developed. There is a strong body of opinion among program faculty that there will be no substantial change in the pattern. This view is based on their observation that students who experienced success in this community college program raised their educational goals. Very soon after finding that they could be successful in a college setting, students seemed to modify their perception of their abilities and most decided that they could attain at least a bachelor's degree and became unwilling to settle for anything less.

Attainment of Objectives

The College hoped to demonstrate that a two-year college-based program such as this could produce a mental health "generalist" who would have a broad base of general education and specialized knowledge of the field of mental health as well as a repertoire of skills which could be put to use in a wide range of mental health services existing in a large metropolitan area. The experience of graduates of the program who are employed in local mental health services would indicate that this goal is being substantially achieved.

Although there has not yet been time to gather data on the academic performance of the many graduates of the program who have progressed to bachelor's degree programs, available information suggests that they are doing well. There is no record to date of any graduate having dropped out of a bachelor's degree program. The acceptability and apparent success of program graduates in four-year colleges suggests that the College's objective or preparing graduates for education beyond the associate degree level is being met.

The introduction of minority-group and low-income urban residents into mental health careers has been a major component of the program. The success in this program of students loosely classified as "disadvantaged" has compared vary favorably with the success of students not classified as "disadvantaged". In fact, the former group has been more successful than the latter in terms of percentages completing the program.

The degree to which the program is achieving its fourth major objective is less clear. The program hoped to provide the opportunity for career advancement for persons already employed in mental health settings. In only one case has the program graduated such a person and this was possible only because he could attend the program on a full-time basis. This individual did gain job promotion and is now enrolled in a bachelor's degree program. The number of psychiatric aides or attendants enrolled in the program on a part-time basis has ranged up to about 35 per semester, but none has yet completed sufficient course credits for graduation. However, the existence of the program and the interest in it demonstrated by State-employed psychiatric aides certainly had some influence on the development of

a Civil Service classification for the associate-degree mental health worker. It is felt that this latter development together with the appearance of the associate degree worker in mental health settings is stimulating increased interest in the program by both State- and privately-employed aides and it is anticipated that these individuals will form an increasingly important group in the program as time goes by.

APPENDICES

APPENDIX A

Mental health agencies participating in study to determine desirability and feasibility of implementing an associate degree program in mental health work at Community College of Philadelphia, 1967-68.

Abington Hospital

Board of Education, Division of Special Education

County Court of Philadelphia

Department of Public Health, Division of Mental Health

Eastern Diagnostic and Evaluation Center

Eastern Pennsylvania Psychiatric Institute

Eastern State School and Hospital

Hahnemann Community Mental Health Center

Jefferson Medical College Mental Health Center

Northwestern Mental Health Center

Philadelphia State Hospital

Sidney Hillman Medical Center

Temple University Mental Health Center

University of Pennsylvania School of Social Work

Veterans Administration Mental Health Center

West Philadelphia Community Mental Health Consortium

Women's Medical College

APPENDIX B

THE COMMUNITY COLLEGE OF PHILADELPHIA

Mental Health Work Curriculum

Introduction

The Mental Health Work Curriculum was planned in consultation with representatives of Philadelphia area mental health/mental retardation services and with the Division of Manpower and Training Programs of the National Institute for Mental Health. It is designed to implement and evaluate the training of middle-level mental health workers in a two-year curriculum consisting of courses in arts and sciences, specialized courses in mental health work and surpervised field work experiences.

As well as producing graduates with an associate degree who will be able to carry valuable roles in the mental health services, the College is interested in providing a sound academic foundation for those students wishing to continue their education beyond the associate degree level.

Courses in Arts and Sciences:

The first year courses in arts and sciences are designed to develop communication skills, to build a foundation for advanced courses in the behavioral sciences, to instill an attidude of open-minded inquiry into all phases of human behavior and interaction, and to develop skill in applying "scientific method" to the study and treatment of individual and social problems. In the second year the student moves on to advanced class work in the behavioral sciences in order to acquire more detailed knowledge of human growth and development, normal and abnormal adjustment, and special problems facing individuals, groups and society.

Mental Health Work Courses:

The specialized mental health work courses are designed to accomplish a number of general objectives. They should provide students with the necessary knowledge of the field of mental health/mental retardation in order that they may effectively carry the role of mental health worker and understand the relationship of this role to the other roles in a particular setting and its relevance to the field generally. They should help students to apply the simultaneously acquired knowledge of the behavioral sciences to the understanding of people and situations, and to the provision of a helping service.

The courses are designed and staffed in such a way as to foster those qualities and develop those attitudes which are considered to be essential

in a mental health worker or, for that matter, in any person, who is to work with people in a helping capacity. These qualities and attitudes include self-awareness, sensitivity to others, acceptance of self and others, ability to tolerate frustration and patience-straining situations, ability to work cooperatively with others, and a sense of professional commitment and responsibility.

Finally, these specialized courses should help students develop skill in the following areas: verbal and non-verbal communication, interpersonal relationship, observation, report writing and record keeping, interviewing, group membership and leadership, and the therapeutic use of self.

Practicum:

In designing the Curriculum it was recognized that early and continued student confrontation with the problems of mental illness and mental retardation would be an important dynamic in the learning process. During the Fall and Spring semesters of each year our students spend a minimum of six hours per week in mental health facilities and between the first and second years they are assigned on a full-time basis to mental health facilities for seven weeks.

The following mental health agencies are currently providing field work experience and education for our students:

Eastern Pennsylvania Psychiatric Institute

Hahnemann Community Mental Health Center

Jefferson Community Mental Health Center

Northwestern Community Mental Health Center

Philadelphia Association for Retarded Children

Philadelphia Geriatric Center

Spruce House

Veterans Administration Hospital

West Philadelphia Community Mental Health Consortium

Attachments:

1. Mental Health Work Curriculum
2. Courses in Mental Health Work

ATTACHMENT I

MENTAL HEALTH WORK CURRICULUM

	Semesters	
	First	Second
First Year		
ENG. 101-102 -- English Composition.....	3-0-3	3-0-3
BIO. 109-110 -- Anatomy & Physiology.....	3-3-4	3-3-4
PSYC. 101-- Introduction to Psychology.....	3-0-3	
SOC. 101-- Introduction to Sociology.....		3-0-3
MHW. 101-- Introduction to Mental Health.....	2-0-2	
MHW. 102-- Mental Health Work I		2-0-2
MHW. 103-- Practicum in Mental Health Work I...	1-6-3	
MHW. 104-- Practicum in Mental Health Work II .		1-6-3
MHW. 105-- Group Dynamics I	2-0-2	
MHW. 106-- Group Dynamics II	____	2-0-2
Total First Year, 34 Semester Credits	17	17
Summer Session		
MHW. 107-- Fracticum in Mental Health Work III	2-30-3	
Total Summer Session, 3 Semester Credits		

	Semesters	
	First	Second
Second Year		
PSYC. 105 -- Development Psychologyy	3-0-3	
PSYC. 111 -- Personality & Adjustment		3-0-3
SOC. 231 -- Social Problems	3-0-3	
SOC. 233 -- The Sociology of Ethnic and Minority Group Relations		3-0-3
PSYC. 201 -- Child Psychology	3-0-3	
PSYC 231 -- Psychology of the Exceptional Child		3-0-3
MHW. 201 -- Mental Health Work II	2-0-2	
MHW. 202 -- Mental Health Work III		2-0-2
MHW. 203 -- Practicum in Mental Health Work IV.	3-6-4	
MHW. 204 -- Practicum in Mental Health Work V .		3-6-4
MHW. 205 -- Group Dynamics III	2-0-2	
MHW. 206 -- Group Dynamics IV	____	2-0-2
Total Second Year, 34 Semester Credits	17	17

Total to Graduate, 71 Semester Credits

MENTAL HEALTH WORK

MHW 101 INTRODUCTION TO MENTAL HEALTH WORK 2-0-2
Orientation to the field of mental health; historical development, mental health facilities and their function, and the roles of the mental health team.

MHW 102 MENTAL HEALTH WORK I 2-0-2
Application of principles of the behavioral sciences to the care and treatment of the patient.
Prerequisite: MHW 101

MHW 103 PRACTICUM IN MENTAL HEALTH WORK I 1-6-3
Supervised work in a mental health agency. Students will be rotated through the different services in a mental health center and work with staff as team members. The seminar will provide opportunity for the student to discuss concepts of working in a helping relationship, to look at differences and similarities between agencies and patients, and to verbalize and learn to handle their feelings about the work experience.

MHW 104 PRACTICUM IN MENTAL HEALTH WORK II 1-6-3
Practicum and seminar will continue as outlined in MHW 103.
Prerequisite: MHW 103

MHW 105 GROUP DYNAMICS I 2-0-2
Introduction by the T group method, to group process. Students will be part of a group that studies itself to develop sensitivity both to their own feelings and to those of other members of the group.

MHW 106 GROUP DYNAMICS II 2-0-2
Group Dynamics I continued with the introduction of role playing of situations pertinent to mental health work.
Prerequisite: MHW 105

MHW 107 PRACTICUM IN MENTAL HEALTH WORK III 2-30-3
Full-time field placement is arranged to provide training of more continuity and depth than provided in the first year practicum. Agencies will be selected according to each student's prior experiences in the practicum. A two hour seminar in problem solving techniques will be used to study problems associated with the work experience.
Prerequisite: MHW 104

MHW 201 MENTAL HEALTH WORK II 2-0-2
Students are introduced to various types of mental illness and mental retardation. Different treatment modalities are examined.
Prerequisite: MHW 102

MHW 202 MENTAL HEALTH WORK III 2-0-2
Survey of recent research in Mental Health. Concepts of preventive and community psychiatry.
Prerequisite: MHW 201

MHW 203 PRACTICUM IN MENTAL HEALTH WORK IV 3-6-4
Field placement is arranged in different mental health setting from first year. Seminar considers problems associated with the work experience.
Prerequisite: MHW 107

MHW 204 PRACTICUM IN MENTAL HEALTH WORK V 3-6-4
Continued experience as mental health workers with the staff of the mental health agencies.
Prerequisite: MHW 203

MHW 205 GROUP DYNAMICS III 2-0-2
Group Dynamics I and II continued. Demonstration and practice of psychodrama and resocialization.
Prerequisite: MHW 106

MHW 206 GROUP DYNAMICS IV 2-0-2
Group Dynamics I, II, III continued in T group training. Application of principles of group process to working with patients, staff, and members of the community.
Prerequisite: MHW 205

APPENDIX C

COMMUNITY COLLEGE OF PHILADELPHIA

Mental Health Work Curriculum

Field Education Proposal

MHW 103-4 Practicum - First Year Students
MHW 203-4 Practicum - Second Year Students

Fall 1970/Sprng 1971

Introduction

In September 1968 Community College of Philadelphia introduced a two-year Curriculum in Mental Health Work leading to an A.A.S. (Associate in Applied Science) degree. The primary purpose of this curriculum is the training of middle-level mental health workers in order to provide a new source of manpower for the mental health services of the Commonwealth of Pennsylvania, especially the greater Philadelphia area.

This experimental program was planned in consultation with representatives of a number of Philadelphia area mental health facilities and with the National Institute of Mental Health. It is designed to implement and evaluate the training of mental health workers in a two-year college curriculum consisting of courses in arts and sciences, specialized courses in mental health and supervised field work experiences.

Purpose of Practicum

The purpose of the practicum is to provide a face-to-face encounter for each student with the problems of mental illness and mental retardation. The student will be expected to clarify his identity as a helping person, to deepen his self understanding, and to acquire skills in reaching out to persons in need of help. He will be responsible for discovering his place on the "treatment team".

The practicum will provide the student with the opportunity to develop skill in the following areas:

Verbal and non-verbal communication
Interpersonal relationships
Interview techniques
Basic skills in group leadership and membership

Observation
Report writing and record keeping
Therapeutic use of self
Effective work with other staff

Staff members in the mental health facilities will provide the model. As students gain understanding of the roles and functions of the staff members and their own relationship to specific staff members, they can learn to work within the team structure.

The following organizations provide field work placements for our students:

The Devereaux Foundation

Eastern Pennsylvania Psychiatric Institute

Hahnemann Community Mental Health Center

Horizon House

Jefferson Community Mental Health Center

The Lafayette School

The Matthews School

Mental Health Advocacy Association

Northwestern Mental Health Center

Pennsylvania Hospital Community Mental Health Center

Philadelphia Association for Retarded Children

Philadelphia Geriatric Center

Philadelphia Psychiatric Center

Philadelphia State Hospital

School Distric of Philadelphia (Division of Special Education)

Town Court Nursing Center

Veterans Administration Hospital

West Philadelphia Community Mental Health Consortium

Design

The fall semester will commence on Tuesday, September 8, and will end on Friday, December 11, 1970.

The spring semester will begin on Monday, January 18, and will end Saturday, April 24, 1971.

During each semester first-year students will report to their designated field placements on Wednesday and Friday afternoons for three house; second-year students will report on Tuesday and Thursday afternoons. Alternate schedules may be arranged by mutual agreement between individual students and agency supervisors provided that the minimum of six hours per week of field experiences is maintained.

It is expected that mental health facilities will provide students with an opportunity to learn about the various services which they provide. However, observation or rotation around services should not be carried out to the point where opportunity for involvement in depth is sacrificed.

Students will come to the field work experience with a wide diversity of background, education, experience and ability, so that their readiness for specific training experience will vary. However, it is expected that all students will be given the opportunity to develop their potential to the fullest extent. Patient or client contact is important to the whole learning process and it is expected that all students will be involved in direct service to patients or clients.

Mental Health facilities have indicated that our graduates could carry the following roles:

Individual therapy aide
Group therapy aide
Activity therapy aide
Group leader
Research technician
Patient contact aide
Specialized teacher aide
Community worker
After-care worker
Coordinator with patient's work, school and family and with social agencies

Students should be given the opportunity of carrying one or more of these roles.

Attendance at case conferences, in-service training and staff meetings will be valuable educational experiences.

Supervision

Supervision of the students will be the joint responsibility of the college faculty and the supervisory staff of the field placement. A field supervisor from the college will work with the agency in planning student experiences. He will be available to agency staff to work out any problem associated with the student's experience. Other faculty members will be available, as needed, to supplement the work of the field supervisor.

The field supervisor will schedule bi-weekly individual conferences with students. Seminars, directly related to the practicum, will be held for each section (15-20 students) each week.

Agency supervisors will be expected to meet with students, individually or in groups, for at least one hour per week.

Individual student progress will be a matter of on-going discussion between faculty and agency supervisors. Formal evaluations will be required of agency supervisors at mid-semester and at the end of each semester.

Program Evaluation

As previously stated, this program is experimental in nature and a study will be carried out to determine the degree of its effectiveness in producing middle-level mental health workers. Agencies providing field work placements for our students will be consulted during the implementation of the study.

E. A. Brawley
Head
Department of Human Service Careers

APPENDIX D

COMMUNITY COLLEGE OF PHILADELPHIA

Mental Health Work Curriculum

Field Education Proposal

MHW 107 Practicum Summer 1971

Introduction

In September 1968 Community College of Philadelphia introduced a two-year Curriculum in Mental Health Work leading to an A.A.S. (Associate in Applied Science) degree. The primary purpose of this Curriculum is the training of middle-level mental health workers in order to provide a new source of manpower for the mental health services of the Commonwealth of Pennsylvania, especially the greater Philadelphia area.

This experimental program was planned in consultation with representatives of a number of Philadelphia area mental health facilities and with the National Institute of Mental Health. It is designed to implement and evaluate the training of mental health workers in a two-year college curriculum consisting of courses in arts and sciences, specialized courses in mental health and supervised field work experiences.

Purpose of Practicum

The purpose of the practicum is to provide a face-to-face encounter for each student with the problems of mental illness and mental retardation. The student will be expected to clarify his identity as a helping person, to deepen his self understanding, and to acquire skills in reaching out to persons in need of help. He will be responsible for discovering his place on the "treatment team."

The practicum will provide the student with the opportunity to develop skill in the following areas:

Verbal and non-verbal communication
Interpersonal relationships
Interview techniques
Basic skills in group leadership and membership
Observation
Report writing and record keeping
Therapeutic use of self
Effective work with other staff

Staff members in the mental health facilities will provide the model. As students gain understanding of the roles and functions of the staff members and their own relationship to specific staff members, they can learn to work within the team structure.

The following organizations have provided field work placements for our students during the first three years of the program:

Albert Einstein Community Mental Health and Retardation Center

The Devereaux Foundation

Diversified Community Services, Inc.

Eastern Pennsylvania Psychiatric Institute

The Green Tree School

Hahnemann Community Mental Health Center

Horizon House

Jefferson Community Mental Health Center

Northeast Community Mental Health Center

Northwestern Mental Health Center

Pennhurst State School and Hospital

Pennsylvania Hospital Community Mental Health Center

Philadelphia Association for Retarded Children

Philadelphia Child Guidance Clinic, Inc.

Philadelphia Geriatric Center

Philadelphia Psychiatric Center

Philadelphia State Hospital

Saint Christopher's Hospital for Children

School District of Philadelphia (Division of Special Education)

Veterans Administration Hospital

West Philadelphia Community Mental Health Consortium

Wordsworth Academy

During the fall and spring semesters of each year students spend at least six hours per week in a mental health setting. The purpose of the summer practicum is to provide field experience of more depth and continuity than is possible during the fall and spring semesters.

Design

The summer practicum (MHW 107) commence on Tuesday June 1, and will end on Friday, July 16,1971. Students are required to spend at least 30 hours per week in their assigned field work placements, the scheduling of these hours to be arranged by the student and the placement agency. Students are also required to attend a weekly seminar (two hours) at the College.

Students will come to the field work experience with a wide diversity of background, education, experience and ability, so that their readiness for specific training experiences will vary. However, it is expected that all students will be given the opportunity to develop their potential to the fullest extent. Patient or client contact is important to the whole learning process and it is expected that all students will be involved in direct service to patients or clients.

Mental health facilities have employed our graduates in the following roles:

Individual therapy aide
Group therapy aide
Activity therapy aide
Group leader
Research technician
Patient contact aide
Specialized teacher aide
Community worker
After-care worker
Coordinator with patient's work, school and family and with social agencies

Students should be given the opportunity of carrying one or more of these roles.

Attendance at case conferences, in-service training and staff meetings will be valuable educational experiences.

Supervision

Supervision of the students will be the joint responsibility of the College faculty and the supervisory staff of the field work agency. A

field instructor from the College will work with the agency in planning student experiences. He will be available to agency staff to help work out any problems associated with the field work experience. Other faculty members will be available to the agencies, as needed, to supplement the work of the field instructor.

The field instructor will conduct the weekly seminar which is directly related to the practicum.

Agency supervisors will be expected to meet with students, individually or in groups, for at least one hour per week.

Individual student progress will be a matter of on-going discussion between faculty and agency supervisors. Written evaluations will be requested from agency supervisors at the end of the practicum.

Program Evaluation

As previously stated, this program is experimental in nature and a study will be carried out to determine the degree of its effectiveness in producing middle-level mental health workers. Agencies providing field work placements for our students will be consulted during the implementation of the study.

Douglas A. Whyte
Head
Department of Human Service Careers

APPENDIX E

Mental health agencies which employed graduates of the program in May 1970.

The Devereaux Foundation

Einstein Medical Center*

Hahnemann Community Mental Health Center*

Horizon House

Lower Kensington Environmental Center

Nazareth Hospital*

Northeast Community Mental Health Center*

Northwest Center for Mental Health/Mental Retardation Programs*

Pennsylvania Hospital Community Mental Health Center*

Philadelphia Psychiatric Center*

West Philadelphia Community Mental Health Consortium*

Women's Medical College*

All of these agencies are located in the metropolitan Philadelphia area.

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*Denotes a community mental health center.

APPENDIX F

Work settings and duties of graduating class of 1970.

Graduate		Supervisor
Einstein Community Mental Health Center Duties Performed: Group Worker, Intake, Staff education, Emergency Services	2 graduates $6500.00	Duties Performed: Group Worker, Intake, Emergency Services
Same Setting as above Case Aide	"	Activity Therapy Aide, Group Worker Case Aide, Research Technician
Hahnemann: Children's Services Group Worker, Case Aide, Liaison Agent between patient and family, Home interviews	3 graduates $6856.00	Case Aide, Takes Home Interviews, Direct out-reach projects
Hahnemann: Children's Service Group Worker, Case Aide, Liaison Agent between patient and family, Home interviews	$7000.00	Not available
Hahnemann: Community Mental Health Center Group Worker, Liaison between patient and family, Home interviews, Direct Outreach Educator to Community about Center's Services	$6840.00	Same as Graduates Answers

From Brooks et al, 1971, pp. 54-55.

Medical College of Pennsylvania: Intake, Home Interviews	1 graduate $6716.00	Case Aide, Home Interviews Direct Outreach
Montgomery County Emergency Service: Crisis Intervention	1 graduate part-time	Not available
Northwest Children's Day Care Center: Teacher's Aide	1 graduate $6300.00	Same as graduate's answer
Nazareth Hospital: Mental Health Unit Nurse: gives medication, therapeutic interviews	$6400.00	Not available
Hall Mercer Community Mental Health Center Group Workers, Activity Therapy Aide, Case Aide, Liaison between patient and family, intake, staff education, direct outreach, Educator to community about Center's services	2 graduates $5200.00	Research technician, Home interviews, Direct Out-Reach projects
Community Mental Health Center of Philadelphia Psychiatric Center: Group Worker, Case Aide, Liaison between patient and family, community worker: educator to community about center's services, home interviews, direct outreach	1 graduate	Group Worker, Home Interviews
West Philadelphia Mental Health Consortium: Activity Therapy Aide, Case Aide, Home Interviews	1 graduate $6000.00	Group Worker, Liaison between patient and family and home interviews
Northeast Community Mental Health Center: Activity Therapy Aide, Group Worker, Case Aide, Liaison between patient and family, home interviews	2 graduates	Activity Therapy Aide, Group Worker, Case Aide, Home Interivews

Horizon House: Group Worker	1 graduate $2800.00 plus room and board	Group Worker, Case Aide

APPENDIX G

Mental health agencies which employed graduates of the program in June 1971.

Einstein Medical Center*

Hahnemann Community Mental Health Center*

Horizon House

Jefferson Community Mental Health Center*

Montgomery County Emergency Service*

Northwest Center for Mental Health/Mental Retardation Programs*

Pennhurst State School

Philadelphia Psychiatric Center*

Sisters of the Good Shepherd Home

All of these agencies are located in the metropolitan Philadelphia area.

*Denotes a community mental health center.

APPENDIX H

COMMUNITY COLLEGE OF PHILADELPHIA

Mental Health Work Curriculum

Introduction

The Mental Health Work Curriculum was planned in consultation with representatives of Philadelphia area mental health/mental retardation services and with the Division of Manpower and Training Programs of the National Institute of Mental Health. It is designed to implement and evaluate the training of middle-level mental health workers in a two-year curriculum consisting of courses in arts and sciences, specialized courses in mental health work and supervised field work experiences.

As well as producing graduates with an associate degree who will be able to carry valuable roles in the mental health services, the College is interested in providing a sound academic foundation for those students wishing to continue their education beyond the associate degree level.

Courses in Arts and Sciences

The first year courses in arts and sciences are designed to develop communication skills, to build a foundation for advanced courses, to instill an attitude of open-minded inquiry into all phases of human behavior and interaction, and to develop skill in applying "scientific method" to the study and treatment of individual and social problems. In the second year students take elective courses in order to acquire more detailed knowledge of human growth and development, normal and abnormal adjustment, and special problems facing individuals, groups and society.

Students will be free to choose elective related to their areas of specialty or future employment plans; for example, they might elect Anatomy and Physiology, Developmental Psychology, Personality and Adjustment, Social Psychology, Child Psychology, Psychology of the Exceptional Child, The Family, Criminology, Social Change, The Modern Urban Community, Sociology of Ethnic and Minority Group Relations, Urban Agencies etcetera.

Students who plan to transfer to a four-year college after graduation from Community College of Philadelphia should elect courses for transfer credit in consultation with their curriculum advisors.

Mental Health Work Courses

The specialized mental health work courses are designed to accomplish a number of general objectives. They should provide students with the necessary knowledge of the field of mental health/mental retardation in order that they may effectively carry the role of mental health worker and understand the relationship of this role to the other roles in a particular setting and its relevance to the field generally. They should help students to apply the simutaneously acquired knowledge of the behavioral sciences to the understanding of people and situations, and to the provision of a helping service.

The courses are designed and staffed in such a way as to foster those qualities and develop those attitudes which are considered to be essential in a mental health worker or, for that matter, in any person, who is to work with people in a helping capacity. These qualities and attitudes include self-awareness, sensitivity to others, acceptance of self and others, ability to tolerate frustration and patience-straining situations, ability to work cooperatively with others, and a sense of professional commitment and responsibility.

Finally, these specialized courses should help students develop skill in the following areas: verbal and non-verbal communication, interpersonal relationship, observation, report writing and record keeping, interviewing, group membership and leadership, and the therapeutic use of self.

Practicum

In designing the Curriculum it was recognized that early and continued student confrontation with the problems of mental illness and mental retardation would be an important dynamic in the learning process. During the Fall and Spring semesters of each year students spend a minimum of six hours per week in mental health facilities; between the first and second years they are assigned on a full-time basis to mental health facilities for seven weeks

The following mental health agencies provide field work experience and education for our students:

Eastern Pennsylvania Psychiatric Institute

Hahnemann Community Mental Health Center

Horizon House

Jefferson Community Mental Health Center

Lafayette School

Matthews School

Mental Health Advocacy Association

Northwestern Community Mental Health Center

Pennsylvania Hospital Community Mental Health Center

Philadelphia Geriatric Center

Philadelphia Psychiatric Center

School District of Philadelphia (Division of Special Education)

Spruce House

Town Court Nursing Center

Veterans Administration Hospital

West Philadelphia Community Mental Health Consortium

Accreditation

Community College of Philadelphia is fully accredited for all of its programs by the Middle States Association of Colleges and Secondary Schools. It is also approved by the Council of Higher Education and the Department of Public Instruction, Commonwealth of Pennsylvania.

Requirements for Admission

Admission to the Mental Health Work Curriculum requires that the student fulfill the regular requirements for admission to Community College of Philadelphia. In addition, all applicants to this Curriculum will be interviewed by a member of the Department of Human Service Careers. Students may enroll in this Curriculum on a full-time or part-time basis. Most courses are offered in the evening as well as during the day.

MENTAL HEALTH WORK CURRICULUM

		Semester First	Semester Second
First Year			
MHW 101	Introduction to Mental Health Work ..	2-0-2	
MHW 102	Mental Health Work I		2-0-2
MHW 103	Practicum in Mental Health Work I ...	2-6-4	
MHW 104	Practicum in Mental Health Work II ..		2-6-4
MHW 105	Group Dynamics I	3-0-3	
MHW 106	Group Dynamics II		3-0-3
ENG 101	English Composition	3-0-3	
ENG 102	English Composition or		
ENG 112	Report Writing		3-0-3
PSYC 101	Introduction to Psychology	3-0-3	
SOC 101	Introduction to Sociology	3-0-3	3-0-3
		15	15
	Total First Year, 30 Semester Credits		
Summer Session			
MHW 107	Practicum in Mental Health Work III	2-30-4	
Second Year			
MHW 201	Mental Health Work II	2-0-2	
MHW 202	Mental Health Work III		2-0-2
MHW 203	Practicum in Mental Health Work IV ..	2-6-4	
MHW 204	Practicum in Mental Health Work V ...		2-6-4
SOC 231	Social Problems	3-0-3	
ELTV	Electives	6-0-6	9-0-9
		15	15
	Total Second Year, 30 Semester Credits		

Total to Graduate, 64 Semester Credits

MENTAL HEALTH WORK COURSES

MHW 101 INTRODUCTION TO MENTAL HEALTH WORK 2-0-2

Orientation to the field of mental health; historical development, mental health facilities and their function, and the roles of the mental health team. The concepts of personality and adjustment; the nature of personality dynamics, including conscious and unconscious motivations, psychological defenses and adaptive coping behavior.

MHW 102 MENTAL HEALTH WORK I 2-0-2

The nature of symptoms and types of adjustive failure, including the APA classification system. Introduction to the concepts and techniques of assessment and treatment.
Prerequisite: MHW 101

MHW 103 PRACTICUM IN MENTAL HEALTH WORK I 2-6-4

The course has three components:
1) Field placement--students spend at least six hours per week in a mental health setting learning to work directly with patients.
2) Seminar--students meet weekly for a two-hour seminar related directly to the practical experience.
3) Supervision--students meet with a faculty supervisor for an hour every other week to discuss individual progress and problems.
The goals of this course are for students to develop helping relationships with patients, to learn beginning tools of helping (e.g. listening, observing, recording etcetera), and to learn professional ways of interacting with patients and staff.

MHW 104 PRACTICUM IN MENTAL HEALTH WORK II 2-6-4

Practicum, seminar and individual supervision will continue as outlined in MHW 103. The primary goals will be the refinement of students' ability to interact with patients purposefully and effectively, the development of understanding of the therapeutic relationship and process, the clarification of mental health concepts, and the application of theoretical knowledge to practical experience.
Prerequisite: MHW 103

MHW 105 GROUP DYNAMICS I 3-0-3
Introduction to the theory of small group functioning, Students will be members of a group which studies itself with the purpose of developing awareness of group processes, awareness of one's own functioning in group situations, and sensitivity to the actions and feelings of the other members of the group.

MHW 106 GROUP DYNAMICS II 3-0-3
Through group interaction, students will develop greater self-awareness, sensitivity and knowledge of group processes. They will build upon the theoretical base of knowledge by relating a variety of reading assignments to specific group situations. Leadership in groups will be examined by structuring situations which illustrate techniques, issues and problems in group leadership.
Prerequisite: MHW 105

MHW 107 PRACTICUM IN MENTAL HEALTH WORK III 2-30-4
Full-time field placement is arranged to provide training of more continuity and depth than provided in the first year practicum. Agencies will be selected according to each student's prior experiences in the practicum. A two hour seminar in problem solving techniques will be used to study problems associated with the work experience.
Prerequisite: MHW 104

MHW 201 MENTAL HEALTH WORK II 2-0-2
Concepts in diagnostic and treatment interviewing; role-playing in the one-to-one interview situation; types of services available to the mentally ill and mentally retarded.
Prerequisite: MHW 102

MHW 202 MENTAL HEALTH WORK III 2-0-2
Further examination of concepts in diagnostic and treatment methods; role-playing in couple, family and group situations.
Prerequisite: MHW 201

MHW 203 PRACTICUM IN MENTAL HEALTH WORK IV 2-6-4
This course is structured in the same way as MHW 103 and MHW 104. Students will be placed in a different mental health setting from the first year. The goals of the course are to give students a sound therapeutic basis for dealing with different kinds of problems and to integrate these concepts in the interview situation and in the therapeutic milieu,
Prerequisite: MHW 107

MHW 204 PRACTICUM IN MENTAL HEALTH WORK V 2-6-4
Continuation of practicum as outlined in MHW 204. Refinement of the concepts and skills involved in the therapeutic process.
Prerequisite: MHW 204

Electives

Students intending to transfer to baccalaureate institutions should elect liberal arts courses to meet transfer requirements.

Students planning to seek employment immediately upon graduation should elect courses related to their proposed field of employment. The following courses are possible technical electives:

BIOL 109-110	Anatomy and Physiology
PSYC 105	Developmental Psychology
PSYC 111	Personality and Adjustment
PSYC 131	Social Psychology
PSYC 201	Child Psychology
PSYC 231	Psychology of the Exceptional Child
SOC 212	The Family
SOC 215	Criminology
SOC 233	Sociology of Ethnic and Minority Group Relations
SOC 243	The Modern Urban Community
SOC 245	Social Change

Some students might elect a mix of technical and general education courses.

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